Richardson
MEDICAL CENTER

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

APPLICATION FOR EMPLOYMENT

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation, in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation and mode of living. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

PERSONAL (Please print plainly)

Name _____
(FIRST) (MIDDLE) (LAST)

Phone _____

Address _____

Are you legally eligible for employment in the U.S.A.? Yes ____ No ____
If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of 18? Yes ____ No ____ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for _____

Were you previously employed by Richardson Medical Center? Yes ____ No ____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job-related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

_____

_____

_____

_____

_____

_____

EMPLOYMENT HISTORY

I.

Name and Address of Company and Type of Business	From		To				Reason for Leaving	Name of Superior
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Phone								

II.

Name and Address of Company and Type of Business	From		To				Reason for Leaving	Name of Superior
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Phone								

III.

Name and Address of Company and Type of Business	From		To				Reason for Leaving	Name of Superior
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Phone								

IV.

Name and Address of Company and Type of Business	From		To				Reason for Leaving	Name of Superior
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Phone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below:

Employer I? Yes _____ No _____ Employer III? Yes _____ No _____

Employer II? Yes _____ No _____ Employer IV? Yes _____ No _____

Signed _____

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
High School			1 2 3 4	☐ YES ☐ NO	
College			1 2 3 4	☐ YES ☐ NO	
Other (Specify)			1 2 3 4	☐ YES ☐ NO	

FOLLOW-UP

May we telephone you to follow up on this application at home? Yes _____ No _____

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes _____ No _____

If yes, what is the best time to call? _____

What is your business telephone number? _____

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

Signed _____

APPLICANT - DO NOT WRITE ON THIS SECTION (For Interviewer's Use)

INTERVIEWER	DATE	COMMENTS