

# 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? \_\_\_\_\_

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# 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
			1	2	3	4		
High School							<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	
College							<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	
Other (Specify)							<input type="checkbox"/> YES	
							<input type="checkbox"/> 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