

## JOB INFORMATION SHEET

**TO APPLICANT:** This Job Information Sheet is not an employment contract directly or indirectly. We deeply appreciate your interest in our organization. A clear understanding of your background and work history will aid us in determining your qualifications.

### PERSONAL

Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Are you over 18 years of age?  YES  NO

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Last First Middle Area Code

Present Address \_\_\_\_\_

Position(s) applying for and work schedule \_\_\_\_\_

Full-time  Part-time  Temporary  Rate of pay expected \$ \_\_\_\_\_ per hour

Were you previously employed by us? If yes, when? \_\_\_\_\_

What date will you be available for work? \_\_\_\_\_ List other experiences, skills or qualifications you possess, which you feel, would especially fit with our organization at the position being sought:

---

---

### RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Did You Graduate?	List Diploma or Degree
High School				
College				
Other (Specify)				

### MILITARY SERVICE RECORD

Were you in US Armed Forces?  Yes  No

List special training and relevant skills acquired in the Military: \_\_\_\_\_

---

---

**List below all present and past employment, beginning with your most recent**

Name and Address of Company and Type of Business	From		To		Describe the Work you did	Weekly Starting Salary	Weekly Last Salary	Reasons for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone:									

Name and Address of Company and Type of Business	From		To		Describe the Work you did	Weekly Starting Salary	Weekly Last Salary	Reasons for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone:									

Name and Address of Company and Type of Business	From		To		Describe the Work you did	Weekly Starting Salary	Weekly Last Salary	Reasons for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone:									

Have you ever been convicted, or pled guilty or no contest to, a felony offense? If so, please explain below. Important: For purposes of employment with Lavaca Medical Center, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

YES  NO

**PLEASE READ AND SIGN BELOW**

By applying for employment at the Lavaca Medical Center, I hereby signify my willingness to appear for interviews in regard to my employment application and authorize the Hospital to consult with employees and members of the Medical Staff of other hospitals with which I have been associated and with others who may have information bearing on my competence and qualifications. I consent to the Hospital's inspection of all records and documents that may be material to an evaluation of my qualifications and competence to carry out the employment position. I release from any liability all representatives of the Hospital and previous employers and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating me and my credentials and release from any liability all individuals and organizations who provide information to the Hospital in good faith and without malice concerning my competence and qualifications, including otherwise privileged or confidential information. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I agree to immediately notify Lavaca Medical Center if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment, if hired.

I understand the hospital follows the at-will employment procedures. I acknowledge the first ninety (90) days of employment is a provisional period. Furthermore, I understand employees will not be eligible for any benefits until the successful completion of the provisional period.

I attest the above information is full and truthfully correct; and understand that if incorrect information is provided I may be liable for termination from employment whenever discovered. If I am considered for employment, I will consent to a physical exam at the expense of the hospital and/or will be required to complete a physical examination record, which will result in determining that I may or may not be eligible for employment at Lavaca Medical Center.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date