



MIDLAND COMMUNITY HEALTHCARE SERVICES, INC.

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position(s) applied for: _____ Date of Application: _____

NAME: _____ Social Security # _____ / ____ / ____

LAST FIRST MIDDLE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

HOME CELL OTHER

Do you have the legal right to work in the United States? Yes No

Are you at least eighteen years of age? Yes No

Have you ever been employed with **MCHS** before? Yes No

If Yes, give dates and positions: _____

Date available for work: ____ / ____ / ____ What is your desired salary range? \$ _____

Type of employment desired: Full Time Part-Time Temporary Seasonal Educational Externship/Student Hours

How did you hear about MCHS or this opening Employee: _____ Newspaper Website Online Ad

Have you ever pled "guilty" or "no contest" or have been convicted of a "Felony"? Yes No

If Yes, give dates and details: _____

NOTE: Criminal convictions are not an absolute bar to employment and will only be considered in relation to specific job requirements

Do you have any friends or relatives working for MCHS? _____ If yes, state name and relationship _____

Do you have a valid driver's license? _____ Authorizing State/License Number _____

Employment History

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE
STARTING JOB TITLE / FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE / SALARY	
		START \$ PER	FINAL \$ PER

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MAY WE CONTACT FOR REFERENCE?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE / SALARY	
		START \$ PER	FINAL \$ PER

Skills and Qualifications

Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the positions for which you are applying. _____

Do you speak, write or understand any foreign languages? _____

If yes, which language(s)? _____

Professional Society Memberships relevant to the position you are applying for: _____

Licenses (list states) _____

Educational Background (if job related)

NAME AND LOCATION	# OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				
OTHER				

Professional References (Not relatives or those listed under employment, someone who can verify your work habits)

NAME	TELEPHONE		# OF YEARS KNOWN
	WORK	RESIDENCE	
	WORK	RESIDENCE	
	WORK	RESIDENCE	
	WORK	RESIDENCE	

Applicant Statement

I hereby authorize Midland Community Healthcare Services (**MCHS**) to thoroughly investigate my references, work records, education, and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to MCHS any and all letters reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release MCHS, my current and former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from MCHS and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen, pre-employment physical, and criminal background check. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and a pre-employment physical examination upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer. I further understand that if I refuse to submit or provide an adequate sample, will be treated as a failure to pass.

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that MCHS may conduct alcohol/drug screening at its sole discretion with or without notice. I also understand that refusal to submit or provide an adequate sample during an alcohol/drug screen will be considered a voluntary resignation of my employment.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and MCHS. In addition, I understand and agree that if I am employed, my employment relationship with MCHS is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without reason or cause, at the option of either myself or MCHS, and that no promises or representations contrary to the foregoing are binding on MCHS, unless made in writing and signed jointly by the President/CEO and myself.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or MCHS benefits, policies and procedures will not alter our at-will and arbitration agreements.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States upon beginning work.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Texas driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment may be contingent on my ability to be covered by MCHS' auto insurance, should MCHS wish to provide coverage.

I hereby certify that I have not withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct. Unless otherwise stated, I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

My signature below certifies that I have read and fully understand all terms of the foregoing Applicant Statement and agree to the terms and conditions outlined in this document.

Signature of Applicant _____

Date _____

Self-Identification Form

Providing this information is strictly voluntary on your part, and is not required to complete your Application for employment. Nor, will providing the information or not providing the information affect your application. Federal government regulations require Midland Community Healthcare Services (MCHS) to maintain records of job applicants by gender and race. Additionally, we collect this information to ensure that we are monitoring our own success in encouraging diverse applicants.

Please assist us by providing the requested information. Providing this information is strictly voluntary on your part, and is not required to complete your Application for Employment.

Female _____ Male _____

1. _____ African-American/Black (not of Hispanic origin)
2. _____ Asian or Pacific Islander (includes Indian Subcontinent)
3. _____ American Indian or Alaskan Native
4. _____ Hispanic/Latino (Spanish culture or origin, regardless of race)
5. _____ White (persons not of Hispanic origin, having origins in any of the original peoples of Europe, North Africa, or the Middle East)
6. _____ Race not included above

Please specify _____

Are you multi-racial or multi-ethnic (parents from two or more of the above listed groups)?

Yes _____ No _____

If yes, please specify _____

Thank you for your assistance.