

* ACCURATELY DESCRIBE PRESENT AND PAST EMPLOYMENT BEGINNING WITH MOST RECENT. LIMIT HISTORY TO 10 YEARS. USE ADDITIONAL SHEETS, IF NECESSARY. PLEASE ACCOUNT FOR PERIODS OF UNEMPLOYMENT. DO NOT EXCLUDE/OMIT EMPLOYMENT OR WORK EXPERIENCE.

Employer May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	Telephone Number	Begin Date (Month/Year)	End Date (Month/Year)	Compensation
Describe Your Responsibilities:		Title	Reason for Leaving		Supervisor
Employer May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	Telephone Number	Begin Date (Month/Year)	End Date (Month/Year)	Compensation
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Please list the last schools you attended. Include any schools that provided your accreditation for licensure.

School	Address	Graduated Y/N	Degree/Course of Study

APPLICANT CERTIFICATION

I certify that all the information which I have provided on this application and in resumes/exhibits is true, correct and complete. I understand that false, misleading, incomplete or omitted information will result in the rejection of my application or my dismissal from employment, whenever discovered. If my application is considered for employment, I authorize an investigation and verification of all information and statements provided on this application and in resumes/exhibits. I release any and all persons or companies from any liability for releasing information or verifying statements on this application and in resumes/exhibits. I understand that this application is not a job offer or a contract of employment for any specific time period. If hired, my employment will be for an indefinite time period and I may resign or be terminated by Huguley Health System at any time without notice for any or no reason. No representative of Huguley Health System, other than the President, has the authority to enter into any agreement for employment for a specific period of time. Employment is subject to completion of pre-employment procedures, including but not limited to verifying employment/personal references, criminal record and driving record (where appropriate), and confirmation of professional licensure or registration. Applicants hired by Huguley Health System must complete a federal I-9 form and provide verifying documentation of their legal right to reside and work in the United States. Applicants extended a conditional job offer will be asked to submit to testing for the current illegal use of specified drugs. Applicants who refuse to consent or submit to drug testing will not be employed. Applicants who produce a confirmed positive test result for the current illegal use of drugs will not be employed. Huguley Health System prohibits the use or abuse of alcoholic beverages and the illegal use of drugs. I further agree that if employed, I will comply with all policies, rules and procedures of Huguley Health System.

Date

Applicant's Signature

AN EQUAL OPPORTUNITY EMPLOYER

900227 (11/99)



Thank you for applying with Huguley Health System. To help us expedite your application, please note the following:

Applications are only accepted for positions that are currently available. A complete list of job openings is located in the Human Resources Department, and available by calling the Job Line at (817) 568-5368. The job line is updated every Wednesday.

Applications must be filled out **completely** and **correctly**. Incomplete or falsified applications will not be considered. Include all periods of employment as well as all periods of unemployment.

Please write the title of the job opening on the "Position Applied For" line. It is not necessary to complete a separate application for each position desired. You are welcome to list multiple positions on one application.

Your application will be entered into a tracking system and screened for appropriateness, as well as verification of previous employment history. The most qualified applicants are then forwarded to the director or interviewer of the department to which you have applied. **Please do not contact the director.**

If the position you have applied for is listed on the job line, your application is still being considered.

Applications are kept on file for 90 days. You will need to reapply after 90 days. If you would like your application forwarded to an additional position within this time-frame you may contact Human Resources, at (817) 551-2703.

If you choose to mail the application, address it to (no faxes please):

Huguley Health System
Human Resources Department
11801 South Freeway
PO Box 6337
Fort Worth, TX 76115-0337

Again, thank you for your interest in Huguley Health System and good luck on your job search!

We are a SMOKE-FREE and EEO employer.

AFFIRMATIVE ACTION INFORMATION

(Optional, Completion Not Required)

Huguley Health System is an Equal Opportunity Employer. Employment opportunities are open to qualified applicants without regard to race, color, sex, religion, national origin, age, marital, disability, or veteran status.

Pursuant to Federal Regulations, Huguley Health System is required to maintain certain records for recordkeeping and reporting purposes. This information will be maintained in the Human Resources Office and will not be used in the decision making process for referring or hiring candidates. This form will be removed from the application and filed separately from any resulting personnel file.

Your completion of this form is voluntary.

Name: _____

Date: _____

Please Check (✓) the following that apply:

- Race/Ethnic Group:
- White (W)
 - Black (B)
 - Hispanic (H)
 - Asian or Pacific Islander (A)
 - American Indian or Alaskan Native (I)
 - Other (U)
- Veteran:
- Yes (Y)
 - No (N)
- Disabled:
- Yes (Y)
 - No (N)
- If yes, era _____

Sex:

- Male (M)
- Female (F)

How did you find out about this position?

- Jobline
- Newspaper
- Employee
- Patient
- Friend
- Other

Related to Employee -

Name & Relationship _____

Employed previously with Huguley Health System.

- Telephone Book
- Walk-in
- Job Fair
- School

EMPLOYMENT APPLICATION

**FILL IN THE APPLICATION FORM CLEARLY AND COMPLETELY
IN YOUR OWN HANDWRITING-DO NOT TYPE**

Sent to Dept: _____

**Huguley Health System
Human Resources Department**
11801 South Freeway
P.O. Box 6337
Fort Worth, TX 76115-0337



Huguley Health System, one of the facilities within the Adventist Health System Healthcare Corporation, is an equal opportunity employer. Qualified applicants will be considered for vacancies without regard to race, color, religion, sex, national origin, age, marital status, veteran's status or disability/handicap (physical or mental). Huguley Health System reasonably accommodates the disabilities of qualified applicants to permit them to perform the essential functions of the subject position. Huguley Health System accepts applications for vacant positions only. If you are not selected for the position for which you applied, this application will not be considered for other positions unless you notify the Human Resources Department within 90 days of the date of this application of the specific position for which you also desire to be considered. **ALL QUESTIONS ON THIS FORM MUST BE ANSWERED.** If you feel you cannot answer a question for personal reasons, please consult with the employment interviewer at the time of the interview.

Name _____ Date _____

Mailing Address _____

Street _____

City _____

State _____

Zip _____

Telephone (_____) (_____) Social Security # _____

Have you ever used any other name for school or work? _____

Are you at least 18 years of age or older? Yes No

Are you eligible to work in the United States? Yes No **(Proof will be required upon hire)**

If yes, provide information on criminal offense(s), date(s), location, and disposition: _____

(Conviction of a crime is not an automatic bar for consideration of employment.)

Have you ever served probation or any deferred adjudication for a criminal offense? Yes No

If yes, provide details on offense, disposition and current status: _____

Have you ever applied or worked at this health facility? Yes No

Have you ever applied or worked at any Adventist health care facility before? Yes No

Where & Position _____

This hospital is a smoke-free work place. Can you, if hired, comply with this requirement? Yes No

POSITION(S) APPLIED FOR: List in order of preference the title of the position you wish to be considered: _____

Date Available _____ Rate of Compensation expected _____

Shift Preference: Day Evening Night Weekend

Employment Desired: Part Time Full Time PRN Temporary

Skills: List any professional certificates, licenses or other qualifications that you possess that relates to the position for which you are applying: _____

List any languages (other than English) you can speak. _____

Write _____

Read _____

LICENSURE/CERTIFICATION/REGISTRATION

Do you currently hold a valid professional license/certificate if required for the position for which you are applying? Yes No

If yes, provide the license/registration numbers, issuing states and expiration date: _____

Have you ever been denied a professional license, registration or certificate? Yes No

Has your professional license, registration or certificate ever been revoked or suspended or have you been the subject to discipline by any board or governing authority? Yes No

If you answered "yes" to any of these questions, please explain in detail: _____

AUTHORIZATION AND CONSENT

(Completion Required)

I hereby state the information given by me in my employment application, in interviews, or by other means, is true and complete in all respects. I understand that if any information is found to be false or incomplete in any respect, I will be subject to the rejection of my application or the termination of my employment.

I understand that an investigation may be conducted of my past employment and activities and hereby authorize all past employers, personal references and any other persons with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, character, reputation, educational background, medical history, and military service. I hereby release all such persons, including such individual past employers and government agencies, from any liability or damages on account of having furnished such information in good faith.

I further authorize Huguley Health System and/or its representatives to conduct such an investigation at any time during the course of my employment, and hereby release Huguley Health System, including its director, officers, employees and representatives, from all liability for such investigations which may include, but is not limited to, the gathering of information regarding personal, professional and educational references, driving histories, if appropriate, and criminal history information which may be in the files of any state or local criminal justice agency. I understand that the information below regarding sex, race, and date of birth is requested for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law. A telephone facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original. Furthermore, I hereby authorize Huguley Health System to obtain a consumer report on me to be used for employment purposes. I understand that in accordance with the Fair Credit Reporting Act, 16 CFR § 600-601, this information will not be used in violation of any federal or state equal employment opportunity law or regulation.

I also understand that before any adverse action, if any, is taken based on the consumer report, Huguley Health System will provide me with a copy of the report and a summary of my rights as a consumer.

Applicant's Full Legal Name, Printed _____

Social Security Number _____

Maiden or Other Names Applicant Has Used _____

Driver's License Number _____ State Issued _____

Current Address (Street) _____

Date of Birth _____

Sex _____ Race _____

City _____

State _____

Zip _____

County _____

Signature _____

Date _____