

# Limestone Medical Center

701 McClintic Drive, Groesbeck, Texas 76642-2128

Telephone: 254-729-3281 Fax: 254-729-3080

*An Equal Opportunity Employer*

humanresources@lmchospital.com

## EMPLOYMENT APPLICATION

Limestone Medical Center (LMC) does not discriminate in hiring or employment on the basis of race, color, age, sex, religion, creed, national origin, ancestry, veteran status or disability. No question on this application is intended to secure information to be used for such discrimination. LMC will reasonably accommodate all applicants and associates with disabilities if LMC is informed of such disability. Any applicant who feels that he/she is being discriminated against or that he/she is not being reasonably accommodated should report this to the Director of Human Resources at 254-729-3281.

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

*Applications will be kept on file for 90 days*

Today's date \_\_\_\_\_

## POSITION APPLYING FOR

Name of position \_\_\_\_\_

☐ Temporary ☐ Relief ☐ Part time ☐ Full time

Shifts you can work:

☐ Day ☐ Evening ☐ Night ☐ Weekend

Date you can start \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

## GENERAL INFORMATION

Name \_\_\_\_\_ Other names employed under \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
No. & Street City & State Zip

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Are you over the age of 18? ☐ Yes ☐ No

Do you have relatives who are Board members or who are employed at LMC? ☐ Yes ☐ No

If yes, who \_\_\_\_\_ Relation \_\_\_\_\_

Have you worked at LMC before? ☐ Yes ☐ No

If yes, when \_\_\_\_\_ Department \_\_\_\_\_

Reason you left \_\_\_\_\_

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_ Branch \_\_\_\_\_

Highest rank attained \_\_\_\_\_

List duties and any special training received while in Service \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a felony or a crime within the last five years? ☐ Yes ☐ No

(Such a conviction is not an automatic bar to employment. Any information supplied regarding the circumstances, rehabilitation and age at the time will be considered. You may attach additional information that you want considered.)

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONAL REFERENCES

List three people who know you well. Do not list relatives, former employers or supervisors.

Name	Address	Telephone	Occupation	Years Known

### EDUCATION AND SKILLS

Name and Location of School	Years From To	Circle highest grade completed	Degree and Major
High School	This space intentionally left blank	9 10 11 12	This space intentionally left blank
College		1 2 3 4	
Other			

Do you type? ☐ Yes \_\_\_\_\_ WPM ☐ No Use Dictaphone? ☐ Yes ☐ No

Take shorthand? ☐ Yes \_\_\_\_\_ WPM ☐ No

List hobbies, activities, honors, organizations and recreational interests:

(Response to this question is optional. In particular, you are not required to list any activities, honors or organizations which might reflect your race, sex, age, etc.)

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT RECORD

List your present or most recent employer first. Your list should be in chronological order and cover at least the last ten years. Do not leave any employer out. Use a separate sheet of paper if necessary. Failure to complete this section fully constitutes grounds for rejection of this application or dismissal after employment.

### PLACE OF EMPLOYMENT

### POSITION AND DUTIES

Name _____ Address _____ City _____ State _____ Zip _____ Supervisor _____ Phone _____ Date of employ: From _____ To _____	Position _____ Duties _____ _____ Salary _____ Reason for leaving _____ _____
Name _____ Address _____ City _____ State _____ Zip _____ Supervisor _____ Phone _____ Date of employ: From _____ To _____	Position _____ Duties _____ _____ Salary _____ Reason for leaving _____ _____
Name _____ Address _____ City _____ State _____ Zip _____ Supervisor _____ Phone _____ Date of employ: From _____ To _____	Position _____ Duties _____ _____ Salary _____ Reason for leaving _____ _____
Name _____ Address _____ City _____ State _____ Zip _____ Supervisor _____ Phone _____ Date of employ: From _____ To _____	Position _____ Duties _____ _____ Salary _____ Reason for leaving _____ _____

May we contact the employers listed above?

☐ Yes

☐ No

If no, please indicate which one(s) you do not wish us to contact \_\_\_\_\_

## LICENSING AND REGISTRATION

(For Licensed and Registered Applicants Only)

Registry Number and Date \_\_\_\_\_

Verified \_\_\_\_\_

Registering Agency or State \_\_\_\_\_

Verified \_\_\_\_\_

## STATEMENT TO BE READ AND SIGNED BY ALL APPLICANTS

Please carefully read each statement below. After you have read the statement, then initial each paragraph in the space provided and sign below.

I certify that the facts contained in this application and in any resume or other material provided to Limestone Medical Center (LMC) are true and complete to the best of my knowledge. I understand that, if employed, omissions, incomplete statements or false statements on this application or other materials supplied to LMC shall be grounds for dismissal. Initial \_\_\_\_\_

Both prior to my employment with LMC and thereafter, I authorize investigation of all statements contained herein and authorize the employers and references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and I hereby release Limestone Medical Center, any former employers and all other parties from all liability for any damage that may result from furnishing this information to LMC. Initial \_\_\_\_\_

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice and without cause. I understand that employment for any period of time and any specific salary or benefits cannot be guaranteed to me except by a written employment agreement between me and LMC which is signed by the CEO of LMC. Initial \_\_\_\_\_

I understand that LMC has a Drug and Alcohol Policy which includes the testing by urinalysis or otherwise of all applicants and associates for alcohol and drug use. I agree to comply with that policy and consent to taking such tests as are requested of me during screening and employment. I further understand that my application will not be processed and/or my employment may be terminated for failure to comply with the Drug and Alcohol Policy. Initial \_\_\_\_\_

I hereby represent that I genuinely desire employment with LMC and that I am submitting this application for such purpose. I understand that LMC is relying on this representation in accepting and processing my application. Initial \_\_\_\_\_

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 LMC must complete a federal I-9 form and provide verifying documents of their legal right to reside and work in the United States. Initial \_\_\_\_\_

Applicants extended a conditional job offer may be asked to submit to a medical examination by a medical practitioner selected by LMC. The exam results will be communicated to LMC and used to determine suitability for employment. In conducting the medical examination, LMC will reasonably accommodate the disabilities and handicaps of qualified applicants in compliance with applicable law. Applicants who refuse to submit to a medical examination will not be further considered for employment. Initial \_\_\_\_\_

I understand that the LMC handbook and all LMC rules, regulations and policies are not contracts and may be changed or waived by LMC at any time.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## RELEASE AND AUTHORIZATION

### Background and Criminal History Check For Employees

I hereby authorize Limestone Medical Center (the “Hospital”) and/or its designated agent to conduct an investigation into my background for the purposes of evaluating my qualifications for employment, promotion, reassignment or retention as an employee of the Hospital. I also acknowledge and agree the investigation may include inquiry into my prior employment history, and personal interviews with neighbors, friends or associates and other persons with whom I am acquainted or who may have knowledge of such items of information. I further acknowledge and agree that the investigation may include inquiry into my character, general reputation, personal characteristics and mode of living and public record information, including but not limited to arrests, indictments, convictions, suits, tax liens and outstanding judgments.

Applicant/Employee

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant/Employee

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date