



P.O. Box 549 • Clifton, Texas 76634  
 (254) 675-7993 • (254) 675-2246 Fax

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.**

(PLEASE PRINT PLAINLY)

## PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

No. Street

City

State

Zip

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 eighteen? Yes \_\_\_ No \_\_\_ If no, hire is subject to verification that you are of minimum legal age.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? Yes \_\_\_ No \_\_\_

If yes, please provide date(s) and details: \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Were you previously employed by us? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Names of relatives working at Goodall-Witcher Hospital Authority: \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

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

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

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

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

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

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer II? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer III? 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?	List Diploma or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High							<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	

## PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

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? \_\_\_\_\_

### PLEASE READ AND SIGN BELOW

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.

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

**APPLICANT - Do not write on this page**

**FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

**FOR TEST ADMINISTRATOR'S USE**

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

**REFERENCE CHECK**

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
I		IV	
II			
III			

\*See Page 2

**DPS Computerized Criminal History (CCH) Verification  
(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/Crime%20Records/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

Goodall-Witcher Hospital Authority  
Agency Name (Please print)

Jennie Oldham  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	



# GOODALL-WITCHER HOSPITAL AUTHORITY

101 South Ave. T • P.O. Box 549 • Clifton, Texas 76634-0549 • 254/675-8322 • Fax 254/675-2246

Dear Potential Applicant,

We at Goodall-Witcher Hospital Authority thank you for your interest regarding potential employment opportunities with us.

The application/employment process consists of the following:

- completion of an official Goodall-Witcher Hospital Authority application form which can be obtained from the Human Resource office, and
- an interview with the appropriate Department Manager or Administrative official.

If selected for a position, a conditional offer of employment will be made contingent upon completion of the following:

- reference check,
- verification of eligibility for employment as required by the U.S. Department of Homeland Security,
- verification of no sanctions by federal programs as verified through the Health and Human Services and Office of Inspector General's list of Excluded Individuals/Entities List,
- a criminal history background check as appropriate,
- driving record check as appropriate,
- successful completion of a pre-employment physical examination, and
- a negative drug screen.

Failure to complete and/or pass any of the above terms of the conditional offer of employment will negate the offer of employment. If it is determined that the applicant has falsified the information provided on the application form by misrepresentation or omission of essential facts, that individual will not be considered for employment. If already employed, the employee will be terminated.

The Department Manager will make recommendations to the Authority President/CEO or designee for the selection of an applicant for employment. After carefully considering the qualifications of all applicants, the position will be filled with the applicant that is best suited for the job.

Again, we appreciate your interest in Goodall-Witcher Hospital Authority.

Sincerely,

Adam B. Willmann  
President/CEO

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*I realize that if I do not complete and/or pass any of the above items, the offer of employment will be withdrawn. If it is determined that I have falsified the information provided on the application form by misrepresentation or omission of essential facts, I will not be considered for employment. If I am already employed, I realize that I will be terminated.*

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

*Goodall-Witcher Hospital Authority is an equal opportunity provider and employer.*

Clifton Medical Clinic - Goodall-Witcher Hospital - Goodall-Witcher Home Health Agency - Goodall-Witcher Nursing Facility - Goodall-Witcher Fitness & Wellness Center

*Mission: To provide access to and delivery of quality healthcare services through efficient, comprehensive, and friendly care.*