



NACOGDOCHES *Memorial Hospital*

REFERENCE & BACKGROUND INVESTIGATION AUTHORIZATION

Nacogdoches Memorial Hospital will conduct a complete reference and background investigation including but not limited to the following:

Present and prior employers

Personal references

Licensing or certification board

Educational facilities

Drug Enforcement Agency

Criminal history

(pursuant to Senate Bill 332, House Bill 1466, and Public Law 91-508, Title VI)

Compliance sanction

(pursuant to Section 1128 and 1156 of the Social Security Act)

Employee Misconduct Registry

(pursuant to Texas Department of Human Service Provider Letter #01-43)

Your signature on this form releases Nacogdoches Memorial Hospital or it's designees and your present or past employers from any and all liability whatsoever for issuing such information. Failure to receive an acceptable result from any of the above entities could result in you not being eligible for employment.

A copy of this form is forwarded to each entity from whom we request a reference.

FULL NAME: _____ MAIDEN NAME: _____

ADDRESS: _____

CITY, STATE _____ ZIP: _____

DRIVERS LICENSE #: _____ STATE ISSUED BY: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

APPLICANT SIGNATURE

DATE

Nacogdoches Memorial Hospital

REFERENCE VERIFICATION

APPLICANT PLEASE SIGN AND DATE. HUMAN RESOURCES WILL COMPLETE OTHER INFORMATION.

Name: _____ Social Security No.: _____
Employment Dates: _____ to _____ Previous(if applicable) _____ to _____
Start Position: _____ Department: _____ Supervisor: _____
End Position: _____ Department: _____ Supervisor: _____
Reason for Leaving: _____

"I have made an application for employment with Nacogdoches Memorial Hospital. I hereby request and authorize you to furnish this employer with any information concerning my employment record, character, habits, and ability. I do hereby release past or present employers and all individuals concerned from any claims, suits, and liabilities for any damages whatsoever resulting from their actions and conduct in responding to this request and the giving of requested information."

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Information stated above correct: Yes No
If "No", what information is incorrect? _____

Please check appropriate response:

CATEGORY	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	COMMENTS
QUALITY OF WORK				
COOPERATION				
DEPENDABILITY				
ATTITUDE				

Is applicant eligible for rehire? Yes No

Comments: _____

Completed by: _____ Title: _____ Date: _____

PLEASE RETURN COMPLETED FORM BY MAIL TO:

HUMAN RESOURCES
1204 N. MOUND STREET
NACOGDOCHES, TEXAS 75961

FAX TO: (936) 564-7348

APPLICATIONS MUST BE COMPLETED IN FULL TO BE CONSIDERED. PLEASE USE BLUE OR BLACK INK.

PERSONAL

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CD	TELEPHONE NO.
PERMANENT ADDRESS	CITY	STATE	ZIP CD	CELL/ALTERNATIVE PHONE
POSITION APPLIED FOR				SALARY DESIRED
OTHER POSITIONS				ARE YOU APPLYING FOR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
HOW WERE YOU REFERRED TO THIS FACILITY?				DATE AVAILABLE FOR WORK:
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME: DEPARTMENT:				WOULD YOU CONSIDER WORKING ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>
IF RELATIVE, PLEASE LIST RELATIONSHIP:		ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? (WHEN?)				SHIFT PREFERENCE: 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS:				7 AM - 7 PM <input type="checkbox"/> 7 PM - 7 AM <input type="checkbox"/>

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA, GED OR DEGREE
HIGH			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST				TYPING: APPROX. WPM SHORTHAND: APPROX. WPM				
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS								
ARE YOU CURRENTLY: <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED ELIGIBLE FOR: <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION								
IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	EXPIRATION DATE	NO				
	TYPE	STATE ISSUED	EXPIRATION DATE	NO				
	TYPE	STATE ISSUED	EXPIRATION DATE	NO				
DO YOU SPEAK, READ OR WRITE IN ANY OTHER LANGUAGE THAN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE								
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	

PREVIOUS EXPERIENCE

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY <small>Hourly, Monthly or Yearly</small>
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
NAME EMPLOYED UNDER: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
NAME EMPLOYED UNDER: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
NAME EMPLOYED UNDER: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
NAME EMPLOYED UNDER: _____				
REASON FOR LEAVING: _____				
State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted.				

IF ON YOUR EMPLOYMENT HISTORY THERE IS A BREAK IN YOUR EMPLOYMENT OVER SIX MONTHS, PLEASE EXPLAIN THE REASON:				

Did you serve in the U.S. Armed Services? Yes No What Branch?

Discharge – Attach Copy of DD-214
Reserve Status – Attach Copy of Military ID

Briefly describe duties and skills acquired through volunteer or military service: (Include dates)

Have you volunteered your time or services Yes No Where:

REFERENCES

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

Have you been the subject of any adverse actions by any duly authorized sanctioning or disciplinary agency?
 Yes No If yes, please explain

Are you now or have every been excluded or debarred from participating with Medicare, Medicaid, or any other governmental contract program or service? Yes No If yes, please explain

Are you prevented from lawful employment because of your visa or immigration status? Yes No
Please indicate visa type or other immigration status, if applicable.

Are you now or have ever been under review for disciplinary actions by any certifying state agency or licensing board?
 Yes No If yes, please explain

Have you ever been convicted of any criminal violation of law? Yes No If yes, please explain. Include all misdemeanors and felonies.

Have you every been charged with any criminal violation of law? Yes No If yes, please explain. Include all misdemeanors and felonies.

Are there any investigations pertaining to violation of criminal law pending against you at this time?
 Yes No If yes, please explain. Include all misdemeanors and felonies.

Employees of Nacogdoches Memorial Hospital are employed "at will" and may terminate their employment with Nacogdoches Memorial at any time with or without cause. And in the same respect Nacogdoches Memorial Hospital makes no promise of any kind and remains free to change wages and all other working conditions without consultation and has the absolute authority to terminate employment of any employee with or without good cause.

I hereby certify that the information contained in this application form is true and correct and I authorize personnel representatives of this facility to contact any of my schools, former employers or other references unless otherwise stated. This is to be done for the purposes of collecting information and an account of their experience with me.

I understand that if I am employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. I also understand that I may be required to successfully complete a medical examination before employment. This agreement does not bind either party for any specific period regarding employment.

Date _____ Signature _____