



## APPLICANT INSTRUCTIONS

Thank you for your interest in working at our hospital and clinic. We appreciate your application and look forward to the possibility of your joining our team. This sheet is for your information. Please tear it off and keep it for your reference.

Please complete the attached application and authorization for release of information forms. Please print all information so it may be easily read. Be certain all forms are completely filled out and signed. Use the abbreviation of "N/A" if a particular provision or section in the form is not applicable to you. Incomplete applications will not be considered.

Your application will remain in our active files for a period of three months. Should an appropriate opening occur, your application will be reviewed along with others. It is not necessary for you to contact this office regarding any job opening after you have completed your application. If you are among the most qualified applicants for a position, an interview will be arranged. Please notify us in writing if your address or telephone number changes.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training and work experience. Credentials and experience will be verified through schools, former employers and licensing/certification agencies, if applicable. As an Equal Opportunity employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, physical or mental handicap (unrelated to ability to do the job), or age (as defined by law).

Applications may be hand delivered or mailed to W.J. Mangold Memorial Hospital, 320 N. Main Street, PO Box 37, Lockney, Texas 79241 Attn: Shedia Benton or e-mailed to [shediab@mangoldmemorial.org](mailto:shediab@mangoldmemorial.org).



**APPLICATION FOR EMPLOYMENT**

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle

Street City State Zip

Telephone # \_\_\_\_\_ Cell# \_\_\_\_\_ Social Security \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?.....Yes \_\_\_ No \_\_\_  
If no, please explain \_\_\_\_\_

Have you ever been employed here before?.....Yes \_\_\_ No \_\_\_

Are you legally eligible for employment in this country?.....Yes \_\_\_ No \_\_\_

Date available for work..... \_\_\_\_\_

May we contact your current employer?.....Yes \_\_\_ No \_\_\_

Type of employment desired.....Full \_\_\_ Part Time \_\_\_ Temporary \_\_\_ Seasonal \_\_\_

Desired salary..... \_\_\_\_\_

Are you able to meet the attendance requirements of the position?.....Yes \_\_\_ No \_\_\_

Have you been convicted of a crime in the last seven (7) years?.....Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

**Employment History**

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Phone
Job Title		Address	City, State, Zip
Immediate Supervisor		Nature of Work Performed	
Hourly Rate/Salary		Reason for Leaving	
Other Comments			

From	To	Employer	Phone
Job Title		Address	City, State, Zip
Immediate Supervisor		Nature of Work Performed	
Hourly Rate/Salary		Reason for Leaving	
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Other Comments			

**Skills and Qualifications**

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

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**Educational Background**

Name and location	# of Yrs Attended	Graduated?	Course of Study
High School			
College		Major	Degree?
Other			

**References-** *please indicate the type of reference it is (family/personal or professional). We prefer at least two professional references.*

Name / type of reference	Telephone	Years Known

**Other Comments:**

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONE YEAR. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IT IS THE POLICY OF THE HOSPITAL THAT ALL EMPLOYEES WHO DO NOT HAVE A WRITTEN EMPLOYMENT CONTRACT WITH THE HOSPITAL FOR A SPECIFIC, FIXED TERM OF EMPLOYMENT ARE EMPLOYED AT THE WILL OF THE HOSPITAL FOR AN INDEFINITE PERIOD.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

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

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
*Please note we only need one sheet per previous/current employer*

As an applicant for a position with W.J. MANGOLD MEMORIAL HOSPITAL, I have been requested to furnish information for use in determining my qualifications. In this connection, I do hereby authorize the release and full disclosure of any information that you may have concerning my employment with your company.

I authorize you to release such employment information to those employees and agents of W.J. MANGOLD MEMORIAL HOSPITAL who require such information in order to make a decision with respect to any matter pertaining to my status as an employee.

I hereby release: (previous/current employer) \_\_\_\_\_,  
its employees and anyone acting on (previous/current employer) \_\_\_\_\_  
behalf from any and all claims, liability and/or damage of any nature which may result from  
furnishing the information requested, including, but not limited to, claims of negligence.

A photocopy of this release will be valid as an original even though the photocopy does not contain an original writing of my signature.

This release will expire one (1) year after the date signed.

SSN: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Signature: \_\_\_\_\_

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SSN: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**FEDERAL OFFICE OF INSPECTOR GENERAL**

**TEXAS STATE OFFICE OF EXCLUSION**

It is the responsibility of W. J. Mangold Memorial Hospital to query the federal Office of Inspector General as well as the Texas State Office of Exclusion web sites to determine if you have been excluded from participation in Medicare, Medicaid, or any other federally funded program.

If restrictions have been placed against you by the federal or state governments and you have not been reinstated, you are not eligible to work at W. J. Mangold Memorial Hospital and an offer of employment, if already given, will be withdrawn.

**I UNDERSTAND THAT QUERY OF THE ABOVE AGENCIES IS MANDATORY FOR EMPLOYMENT AT W. J. Mangold Memorial Hospital.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**The following information will be used to query these agencies:**

NAME: \_\_\_\_\_  
                    FIRST                                    MIDDLE                                    MAIDEN                                    LAST

**List all professional licenses:**

Licensed as (MD, RN, PT, etc)	License Number	State Licensed In

**SOCIAL SECURITY #** \_ \_ \_ - \_ \_ - \_ \_ \_ \_