

EMPLOYMENT APPLICATION

METROPLEX HEALTH SYSTEM

Adventist Health System is an equal opportunity employer. Qualified applicants will be considered for employment without regard to race, color, religion, sex (including pregnancy, childbirth, and other sex-specific conditions), genetic test results, marital status, age, national origin, ancestry, disability/handicap (physical or mental). Adventist Health System prohibits any form of harassment in the workplace. Information on this application will not be used to discriminate against any applicant.

All questions on this form should be answered clearly and completely in your own handwriting. Do not type. *If you feel you cannot answer a question for personal reasons, please consult with the employment interviewer at the time of your interview.*

Name _____ Date _____

Mailing Address _____

Street City State Zip

Telephone (_____) _____ Social Security No. _____

Residence Other

Have you ever used any other name(s) for work, school or other reasons? If yes, list name(s) and dates/locations used and circumstances. _____

Person to Notify in Case of Emergency _____

Name Telephone

Position Desired

AHS accepts applications for vacant positions. List in order of preference the positions for which you wish to be considered:

1) _____ 2) _____

Is there any specialty you desire in the positions for which you are applying? _____

Date available for employment _____ Salary desired _____

Shift(s) preference:

- Day Afternoon
 Night Other
 12 Hour PRN

Employment desired:

- Full-Time Temporary
 Part-Time 8 Hour
 Special Requirements _____

If not the above, what hours/days can you work? _____

Work History

Have you ever (**Check All That Apply**) (____) applied for (____) worked for (____) this facility or (____) another facility affiliated with Adventist Health System? Yes No If yes, provide details in Work History below.

Do you have relatives employed by AHS? Yes No

If yes, provide name(s), position(s), location and department(s). _____

How did you learn about AHS? Employee Friend Patient

Other _____

This facility is a smoke-free work place. If hired, will you comply with this policy? Yes No

Provide complete information on all employment (full-time, part-time and temporary/PRN) for the past 10 years or your 5 most recent employers, whichever is greater. **Explain all periods of unemployment. Use additional sheets if necessary to provide complete information.**

May we contact your present employer at this time? Yes No (*References will be required before employment*)

Present or last employer	Phone No.	Position Held & Nature	Reason for Leaving
Address	Hourly Rate		<input type="checkbox"/> Resign w/ notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid off <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Asked to resign <input type="checkbox"/> Other _____
City	Start: _____ End: _____	State _____ Zip _____	
Supervisor's Name	Dates Employed: _____	From _____ To _____	

Present or last employer	Phone No.	Position Held & Nature	Reason for Leaving <input type="checkbox"/> Resign w/ notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid off <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Asked to resign <input type="checkbox"/> Other _____
Address	Hourly Rate Start: End:		
City	State Zip		
Supervisor's Name	Dates Employed: From To		
Present or last employer	Phone No.	Position Held & Nature	Reason for Leaving <input type="checkbox"/> Resign w/ notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid off <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Asked to resign <input type="checkbox"/> Other _____
Address	Hourly Rate Start: End:		
City	State Zip		
Supervisor's Name	Dates Employed: From To		

(use additional sheets if necessary)

Have you ever been discharged or asked to resign by **any** employer? Yes No

If yes, provide information on employer, date, action and explanation _____

Education

School	Name/Location of School	Course of Study	No. of Yrs Completed	Did you Graduate?	Degree or Diploma
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal References *(Individuals you have known for at least two years - not employers or relatives):*

Name _____ Telephone _____

Address _____

Relationship to Reference listed: _____

Name _____ Telephone _____

Address _____

Relationship to Reference listed: _____

Name _____ Telephone _____

Address _____

Relationship to Reference listed: _____

Licensure/Certification

Do you currently hold all licenses/certifications required by governmental authorities, licensing agencies, or the facility for the position for which you are applying? Yes No

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

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

Has your license, registration or certificate ever been investigated, revoked, suspended, limited, or subject to discipline by any board or governing authority? Yes No

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

Skills

Please list all languages (including English) that you speak, read or write proficiently:

Language	Speak	Read	Write	Comments:
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Have you had training or experience in any of the following areas?

- Typewriter _____WPM
 Microsoft Word
 WordPerfect
 CT Scanner
 Transcription Machine

Describe other computer software programs, business machines or medical equipment that you operate proficiently:

List any other qualifications you have for the position for which you have applied. _____

Criminal History Information

There is no time limit to the questions regarding your criminal history. Unless a time limit is stated in a question, you must include information on ALL convictions, pleas and alternative adjudications that have occurred during your lifetime. Records of offenses by minors (under age 18) are not automatically sealed and should also be disclosed, except where non-disclosure is required under state law. Please disclose any criminal offense that may appear on your record, even if you are uncertain of the exact date or how a criminal offense was classified. State the approximate date, your understanding of the criminal classification, and note that you are unsure of any more specific information.

Have you ever pled guilty to any criminal offense (misdemeanor or felony) other than parking tickets?

- Yes No

Have you ever pled *nolo contendere* (no contest) to any criminal offense (misdemeanor or felony) other than parking tickets? Yes No

Have you ever been convicted of any criminal offense (misdemeanor or felony) other than parking tickets?

- Yes No

If you answered yes to any of these questions, provide complete information on all criminal offense(s), date(s), location(s) (city/county and state) and disposition:

Offense	Date	Location	Disposition

(use additional sheets if necessary)

Have you **EVER** served any of the following for any criminal offense? **(Check all that apply)**

NOTE: This list of dispositions is not a complete description of every possible alternative sentencing option. If the alternative disposition you received is not specifically listed below, you **MUST** disclose it by checking the last option and specifically describing the program. Failure to disclose any type of alternative disposition will be considered falsification and will result in your ineligibility for employment.

- | | | |
|--|--|---|
| <input type="checkbox"/> pretrial diversion | <input type="checkbox"/> probation (any type) | <input type="checkbox"/> deferred adjudication |
| <input type="checkbox"/> suspended sentence | <input type="checkbox"/> community control/supervision/service | <input type="checkbox"/> postponed judgment |
| <input type="checkbox"/> shock/challenge incarceration | <input type="checkbox"/> deferral/diversion of prosecution | <input type="checkbox"/> conditional discharge |
| <input type="checkbox"/> community service | <input type="checkbox"/> unconditional discharge | <input type="checkbox"/> pretrial intervention |
| <input type="checkbox"/> pretrial release | <input type="checkbox"/> restorative justice program | <input type="checkbox"/> indeterminate commitment |
| <input type="checkbox"/> supervised release | <input type="checkbox"/> any other type of alternative, deferred, suspended, postponed or conditional prosecution, adjudication, disposition, sentence, program or release (describe type): | |

Motor Vehicle Record

The following section must be completed if you are applying for a position which requires operation of a motor vehicle (whether owned by the facility or you): Driver's License No. _____

Type of License: Personal Commercial (CDL) Issuing State: _____ Expiration Date _____

Is your driver's license limited in any manner? Yes No

If yes, please describe in detail: _____

Has your driver's license ever been denied, curtailed, suspended or revoked? Yes No

If yes, provide complete information on action(s) taken, date(s), location(s) and disposition/current status: _____

Have you had any moving violations during the past 5-years? Yes No

Have you been convicted for any driving offenses during the past 5-years? Yes No

Have you pled guilty to any driving offenses during the past 5-years? Yes No

Have you pled nolo contendere (no contest) to any driving offenses during the past 5-years? Yes No

If you answered yes to any of the above questions, provide the offense(s), location (city/state), date(s) and disposition/current status: _____

Do you have current automobile liability insurance? Yes No

If yes, provide expiration date: _____

Application Procedure

This facility may not interview all applicants for vacancies. Those applicants to be interviewed will be contacted by the facility. Applications will only be accepted for specific job positions and will be considered active for ninety (90) days following their submission. If applicants wish to be further considered after this time period, or for a job position not listed on this application, they must submit a new application.

Application Verification

1. I verify that all the information on this application and on resumes and exhibits submitted to the facility is true, correct, and complete. I have not omitted any information sought by the facility. I understand that if the facility requests a background check/criminal record check under the Fair Credit Reporting Act, I will receive a separate notice regarding this investigation and must provide written authorization as a condition of consideration for employment.
2. I understand that this application is not a job offer or a contract of employment for any specific time period. If hired, I understand that any employment will be "at-will" and for an indefinite time period. I understand that I may resign or be terminated by the facility at any time without notice or requirement of cause.
3. Employment is subject to completion of pre-employment procedures, including but not limited to, verifying employment/personal references; conducting a background investigation/criminal record check; verifying driving record (if appropriate); and confirmation of licensure or registration.
4. Applicants hired by the facility must complete a Federal I-9 form and provide verifying documentation of their legal right to reside and work in the United States.
5. The facility prohibits the use or abuse of alcoholic beverages and the current illegal use of drugs. Because of the facility's safety concerns, all applicants extended a conditional job offer will be asked to submit to testing for the current illegal use of drugs. Any applicant who declines to consent or submit to testing, or who produces a positive test result for the illegal use of drugs, will not be further considered for employment.
6. Applicants extended a conditional job offer will be asked to consent and submit to a medical exam conducted by a health care practitioner selected by the facility or to complete a medical questionnaire. Applicants who decline to provide information and/or submit to the medical exam will not be further considered for employment.

Date: _____

Applicant's Signature

Metroplex Health System * 2201 South Clear Creek Road * Killeen, TX 76542 * 254.519.8184 * Fax: 254.519.8312

Standards of Behavior

These are the adopted standards of behavior from the SHARE Excellence initiative. Each employee, with a signature, commits to these standards to help Metroplex Health System provide excellent care and service.

Sense (Initiative), I will:

- Seek first to understand before seeking to be understood.
- Show the direction instead of just pointing.
- Introduce myself before waiting on a customer.
- Refuse to be moody, or let others determine how I act or feel.
- Learn and use the customer's name immediately.
- Ask "Is there anything else I can do for you?"

Help (Teamwork), I will:

- Be there on time to do my job and pull my weight.
- Take responsibility for solutions to problems.
- Keep our facility clean (picking up trash and clutter when I see it).
- Try to understand how my work affects someone else.
- Always wear my name badge in the upper chest area.
- Ask for feedback on my own performance.
- Observe and respond to signs of discomfort.
- Go the extra mile to be helpful.
- Compliment and thank coworkers who help me out.
- Never say "I disagree with you," or "I think you're wrong."
- Say "we need," instead of "you'll have to."
- Say "I'll be glad to," instead of "I'll have to."
- Don't talk negatively about another department.
- Be an ambassador for our organization by recommending other services.

Acknowledge (Empathy), I will:

- Apologize for delays, waits, inconveniences or mistakes.
- Listen without interrupting when someone is upset.
- Make empathetic statements before explaining anything.
- Never minimize or treat another person's feelings as trivial.
- Be the first to make eye contact, smile and greet everyone in a friendly manner everyday.

Respect (Courtesy), I will:

- Guard the confidentiality of our patients' information.
- Be extra quiet on patient floors, especially at night.
- Knock before entering a patient's room.
- Keep intercom interruptions to a minimum.
- Speak to the elderly as adults, not children.
- Address people by the name they prefer.
- Dress and groom in a professional way.
- Be constructive in criticism by attacking the problem, not the people.
- Introduce myself before any physical contact with a patient.
- Only use cell phone in break room, not in patient or family areas.

Explain (Communication), I will:

- Explain what needs to be done or what I am about to do.
- Look at people when I talk or listen to them.
- Frequently update our patients/family members on expected wait times.
- Get back to individuals or departments about their requests.
- Tell what I can do to solve a problem, not what I can't do.

My signature indicates my commitment to demonstrating these behaviors.

Signature

Date