

*Candidates receive consideration without regard to race, religion, color, sex, age, national origin, disability, military or veteran status, genetics, or any other legally protected status.*

## Employment Inquiry

**IMPORTANT:** Please read carefully and answer ALL questions. Fill out the work history portion and include employment for the past seven (7) years. Resumes may be added to this **COMPLETED** document.

**GRMC tests for drugs and alcohol after conditional offer and before the start of employment.**

PERSONAL								
Last Name		First Name		MI	Maiden or Other Names Used	Social Security Number		
Street Address				Apt #	City		State	Zip Code
Home Phone				Mobile Phone				
E-Mail Address								
Employment Desired	1 <sup>st</sup> Choice			2 <sup>nd</sup> Choice		Salary Expected:		
	Would You Accept:	<input type="checkbox"/> Full Time	<input type="checkbox"/> PRN	<input type="checkbox"/> Any	Date available to start work:			
		<input type="checkbox"/> Part Time	<input type="checkbox"/> Contract					
Are you a previous employee of Glen Rose Medical Center? Under what name?					Month and year employed:		Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) and relationship and facility name:						(Includes spouse, children, parents, in-laws, siblings, legal dependents, members of the same residence, or any person who fulfills an immediate family role for you.)		
Were you referred by a current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employee name:								
Do you have the legal right to work in the United States in the job for which you are applying? (Proof of eligibility to work in the United States will be required post offer) <input type="checkbox"/> Yes <input type="checkbox"/> No								
Have you ever been convicted of a crime (felony or misdemeanor) or are you now under any investigation for a violation of criminal law? If yes, explain: (A conviction or investigation will not necessarily disqualify you from employment; however, failure to disclose a criminal conviction or investigation may disqualify you from employment.)							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance-based actions? If yes, explain: (A conviction will not necessarily disqualify you from employment)							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been excluded, suspended, or debarred from, or otherwise declared ineligible to provide services in the Medicare or Medicaid programs, or any other federally funded health care program?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you served in the U.S. Armed Forces?		If yes, please indicate dates of service:		From:	To:	Branch:		
<input type="checkbox"/> Yes <input type="checkbox"/> No								
Do you use tobacco in any form including e-cigarettes?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			

## PROFESSIONAL MEMBERSHIP INFORMATION

Please list any professional organization to which you subscribe or are a member:

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- 

## SKILLS INFORMATION

Please list special skills which you possess which are relevant to the position for which you are inquiring.

## EDUCATION

Circle Highest Grade Completed	School Name/City and State	Major/Minor	Did You Graduate?	Graduation Date	Degree Received
High School			Yes		
1    2    3    4			No		
Business/Trade/ Technical/Other			Yes		
			No		
Undergraduate College/University			Yes		
1    2    3    4			No		
Graduate College/University			Yes		
			No		
Graduate College/University			Yes		
			No		

## WORK HISTORY

List previous employers for whom you have worked over the ***last seven years***, beginning with the most recent employer. List any other employment that reflects experience related to the job for which you are applying. Resumes may be added, **but do not replace the completed work history section. IF YOU NEED ADDITIONAL SPACE FOR THIS SECTION COPY THIS PAGE.**

<b>Current or most recent</b> Company Name:		Telephone Number (    )
Address (include City, State, and Zip Code):		Employed (month and year)  From    /    To    /
Name of Supervisor:	Supervisor's Title	Beginning Pay: \$ Ending Pay:    \$
Your Job Title and Primary Duties:		
Reason for Leaving:		May we contact this employer prior to extending an offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No

  

Company Name:		Telephone Number (    )
Address (include City, State, and Zip Code):		Employed (month and year)  From    /    To    /
Name of Supervisor:	Supervisor's Title	Beginning Pay: \$ Ending Pay:    \$
Your Job Title and primary duties:		
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

## FOREIGN LANGUAGE INFORMATION

Please list any foreign language skills in which you are fluent:

Language:                       Speak                       Read                       Write

## LICENSURE-REGISTRATION-CERTIFICATION INFORMATION

Please list any professional licenses, registrations, or certifications which have been issued to you:

Name of License, Registration, Certification	State	Number	Year Issued	Current?		Expiration Date
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If currently eligible for license, registration, or certification please indicate status and date here:

Has your license, registration, or certification in this state or another state been suspended, limited, revoked, or subjected to disciplinary action:  
 Yes     No    If yes, please explain:

## PROFESSIONAL REFERENCES

Please list three (3) business/professional references for whom you worked, or worked directly for you (not relatives):

	Name	Business Relationship to you	City	State	Telephone
1.					
2.					
3.					

## ACKNOWLEDGEMENTS

**I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS EMPLOYMENT INQUIRY IS TRUE, CORRECT, AND COMPLETE. IF EMPLOYED, I ACKNOWLEDGE AND UNDERSTAND THAT:**

- Any misstatement or omission of fact on this employment inquiry may result in my dismissal.
- I must submit acceptable evidence of my right to work in the United States.
- GRMC facilities are tobacco-free facilities and use of tobacco in any form (including e-cigarettes) is prohibited on company property.
- GRMC facilities are tobacco, drug, and alcohol-free workplaces. I must take and pass a pre-employment drug test that screens for illegal drugs and unauthorized controlled substances; remain free of illegal drugs, alcohol, and abusive levels of prescription drugs at work; and comply with the Drug and Alcohol Use/Abuse and Tobacco-Free policies.
- I will be required to comply with all company policies and procedures.
- I authorize this employment inquiry to be viewed by any affiliated companies.
- I am required to report any known or suspected practices that may violate state or federal law, including but not limited to Medicare or Medicaid fraud and abuse. I also understand that I am required to report such conduct to the GRMC Human Resources executive.
- I understand that Somervell County Hospital District, dba Glen Rose Medical Center, is an at will employer, which means that my employment is not for definite term and that either the company or I will have the right to terminate the employment relationship at any time, with or without cause or notice. I also understand that this status can only be altered by a written contract of employment that is specific as to all material terms and is signed by the President and CEO of Somervell County Hospital District, dba Glen Rose Medical Center and me.
- Upon termination, I will return in good condition any company property issued to me or to allow for the value of same, plus any outstanding accounts, to be deducted from my wages.
- I agree to notify the organization in writing within five to seven (5-7) days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a state licensing board; any adverse action which has resulted in the filing of a report with the state licensing board; any revocation of DEA license; a conviction or charge of any felony or a misdemeanor; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage.
- I hereby authorize Somervell County Hospital District, dba Glen Rose Medical Center to confirm the information that appears in this employment inquiry and authorize all former employers, universities or colleges, references, credit and government agencies, or other persons, firms, corporations, and institutions to provide such information to Somervell County Hospital District, dba Glen Rose Medical Center without delay.

As required by the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your employment inquiry. A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are inquiring.

If you are denied employment, either wholly or partly, because of the information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such a report.

\_\_\_\_\_  
Signature of Candidate for Employment

\_\_\_\_\_  
Date of Employment Inquiry

## SOURCE INFORMATION

The following information is requested to assist us in assessing the effectiveness of our recruiting activities. Your cooperation is appreciated. How did you learn about this job? PLEASE CHECK ONLY ONE:

- |   |        |       |       |
|---|--------|-------|-------|
| <input type="checkbox"/> GRMC Website Career Page                       |        |       |       |
| <input type="checkbox"/> Online Job Posting Site                        | (Name) | _____ | _____ |
| <input type="checkbox"/> Professional/Trade Journal or Magazine Posting | (Name) | _____ | _____ |
| <input type="checkbox"/> External Recruiting Agency                     | (Name) | _____ | _____ |
| <input type="checkbox"/> Professional Association/Conference            | (Name) | _____ | _____ |
| <input type="checkbox"/> Referred by Friend/Relative                    | (Name) | _____ | _____ |
| <input type="checkbox"/> Word of Mouth/Reputation                       |        |       |       |
| <input type="checkbox"/> School   | (Name) | _____ | _____ |
| <input type="checkbox"/> Other (Explain)                                |        | _____ | _____ |