

# Valley Regional Medical Center

100 E. Alton Gloor Blvd, Unit A • Brownsville, TX 78526  
Phone: 956-350-7140 / 7208

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

An Equal Opportunity Employer **M / F / D / V**

\*IMPORTANT- VARIOUS FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION ON THE BASIS OF AGE, SEX, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, MARITAL STATUS, OR ANCESTRY. IN COMPLETING THE APPLICATION FORM, PLEASE EXCLUDE ANY INFORMATION THE CHARACTER OF WHICH INDICATES THE AGE, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, OR ANCESTRY OF THE APPLICANT. PERSONS EMPLOYED MAY BE REQUIRED TO PROVIDE VERIFICATION OF INFORMATION REPORTED ON THIS FORM.

POSITION APPLYING FOR: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NAME  
LAST FIRST MIDDLE

PRESENT ADDRESS  
STREET CITY STATE ZIP

PREVIOUS ADDRESS  
(If at present address less than 12 months)  
STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? Yes [ ] No [ ]

Do you have adequate means of transportation to get to work on time each day and when called in on short notice? Yes [ ] No [ ]

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? Yes [ ] No [ ]

1. **HAVE YOU** been convicted, or been on probation, or received deferred adjudication for any offense? Yes [ ] No [ ]

2. **HAVE YOU** been released from confinement following a conviction for any criminal offense? Yes [ ] No [ ]

3. **ARE YOU** presently charged with **ANY VIOLATION** of the Law? Yes [ ] No [ ]

IF you answered **YES** to **ANY** of the preceding three questions, please explain: \_\_\_\_\_

**ARE YOU currently** excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs, or have you been convicted of a criminal offense related to the provision of health care items or services but not yet been excluded, debarred or otherwise declared ineligible or *currently excluded on a state exclusion list*? Yes [ ] No [ ]

Are you related to anyone on Staff? Yes [ ] No [ ]  
If yes, Name \_\_\_\_\_ Relationship: \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

Are you interested in: Full time [ ] Part time [ ] PRN [ ]

For positions which require shift work, which shift/hours do you desire?  
 \_\_\_\_\_ PRN / On call \_\_\_\_\_ Days \_\_\_\_\_ Weekends only  
 \_\_\_\_\_ 8 hour shift \_\_\_\_\_ Evenings \_\_\_\_\_ Weekdays only  
 \_\_\_\_\_ 10 hour shift \_\_\_\_\_ Nights \_\_\_\_\_ Weekends / weekdays  
 \_\_\_\_\_ 12 hour shift

ARE YOU CURRENTLY EMPLOYED? Yes [ ] No [ ]

WE ROUTINELY CONTACT AN APPLICANT'S CURRENT EMPLOYER FOR REFERENCE CHECKS, WOULD THIS POSE ANY PARTICULAR DIFFICULTY FOR YOU? Yes [ ] No [ ] IF YES, please explain: \_\_\_\_\_

**ARE YOU currently** an applicant for another opportunity at an HCA - AFFILIATED HOSPITAL in the Houston area? Yes [ ] No [ ]

IF YES, please state the hospital name and position for which you are a candidate: \_\_\_\_\_

**HAVE YOU** ever applied at or worked for a HCA Facility? Yes [ ] No [ ] If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

WHAT PROMPTED YOU TO APPLY FOR A POSITION WITH US? [ ] Friend (Name) \_\_\_\_\_ [ ] Newspaper

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE? Degree Obtained	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Are you able to perform the essential functions of the position for which you are applying? Yes [ ] No [ ]

A position description which includes a description of the essential functions of the job is available in the Human Resources Office and can be reviewed upon request.

LIST ANY PROFESSIONAL LICENSURES, REGISTRATION OR CERTIFICATION YOU POSSESS. Has your professional license (s) ever been suspended, stipulated or revoked? Yes [ ] No [ ] If yes, please explain.

Type Number	Organization or State Issued	Date Issued	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT HISTORY** Please provide a minimum of the most recent 10 years employment history including salary information and period of unemployment. **Attached additional pages or resume if needed.** This section **MUST** be completed accurately and include ALL employers in the past 10 years.

**CURRENT OR MOST RECENT EMPLOYER**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of Business: \_\_\_\_\_  
Position & Duties: \_\_\_\_\_ Name while employed \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Hourly Starting Salary: \_\_\_\_\_ Hourly Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**1st Previous Employer**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of Business: \_\_\_\_\_  
Position & Duties: \_\_\_\_\_ Name while employed \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Hourly Starting Salary: \_\_\_\_\_ Hourly Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**2nd Previous Employer**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of Business: \_\_\_\_\_  
Position & Duties: \_\_\_\_\_ Name while employed \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Hourly Starting Salary: \_\_\_\_\_ Hourly Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Please explain all periods of unemployment: \_\_\_\_\_

**3rd Previous Employer**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of Business: \_\_\_\_\_  
Position & Duties: \_\_\_\_\_ **Name while employed** \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Hourly Starting Salary: \_\_\_\_\_ Hourly Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**4th Previous Employer**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of Business: \_\_\_\_\_  
Position & Duties: \_\_\_\_\_ **Name while employed** \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Hourly Starting Salary: \_\_\_\_\_ Hourly Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**5th Previous Employer**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of Business: \_\_\_\_\_  
Position & Duties: \_\_\_\_\_ **Name while employed** \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Hourly Starting Salary: \_\_\_\_\_ Hourly Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**6th Previous Employer**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of Business: \_\_\_\_\_  
Position & Duties: \_\_\_\_\_ **Name while employed** \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Hourly Starting Salary: \_\_\_\_\_ Hourly Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Please explain all periods of unemployment: \_\_\_\_\_  
\_\_\_\_\_

**Have you ever been discharged from a job or forced or asked to resign?** Yes [ ] No [ ]

If so, please explain: \_\_\_\_\_

Use this space to give us other information about your personal qualities, work style, interpersonal skills, or communication skills which would assist us in placing you: \_\_\_\_\_  
\_\_\_\_\_

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience, and training on this application.

I voluntarily give this organization the right to thoroughly investigate my work, educational, and background history. I voluntarily give my former educators and employers the right to release these records in their entirety. I will hold no person or organization liable for giving or receiving information in any investigation.

If employed by this organization, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be the cause for immediate dismissal. I authorize any inquiry to be made on any information contained in this application if I am considered for employment.

I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or past manager.

I also understand that my employment may be subject to a successful completion of an employment physical to include a drug screen.

I understand that my employment will require certain physical capabilities relating to ability to lift and transport patients and/or objects or to assist other employees in physical tasks. **I further understand that my continued employment may be conditional upon maintaining a favorable health evaluation.** If requested, I agree to submit, at any time, to a drug screen in accordance with company policy and/or a physical examination, performed by a qualified medical doctor designated and paid for by the organization and for which I also agree that all information concerning said physical examination can be supplied to the organization, or its authorized agent, upon their request.

I understand that this is an application for employment and that no employment contract is being offered. I further understand that all employees are employed for an indefinite period and the employer may terminate the employment relationship for cause. Cause is defined as a reason for disciplinary action that is not arbitrary, capricious, or illegal, that is based on facts that the employer reasonably believes to be true. Some examples of cause included, but are not limited to, (1) dissatisfaction with an employee for such reasons as lack of capacity or diligence, failure to conform to usual standards of conduct, or other culpable or inappropriate behavior, or (2) economic needs subject to the reasonable judgment of the employer.

In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Date \_\_\_\_\_ Signature \_\_\_\_\_

FOR HUMAN RESOURCES DEPARTMENT USE ONLY	
Arrange Interview	Yes [ ] No [ ]
Remarks	_____
	_____
	INTERVIEWER _____ DATE _____
Employed	Yes [ ] No [ ]
Date of Employment	_____
Job Title	Hourly Rate/ Salary _____ Department _____
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
<input type="checkbox"/> Temporary	<input type="checkbox"/> Per Diem
<input type="checkbox"/> Addition to Staff	
<input type="checkbox"/> Replacement for:	_____
By	_____
	NAME AND TITLE _____ DATE _____

**PRE-EMPLOYMENT DISCLOSURE & RELEASE**



Credentiaing and background investigation

APPLICANT'S FULL NAME \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License State \_\_\_\_\_ No. \_\_\_\_\_

High School, College, University or Institution of Professional Training \_\_\_\_\_  
(highest level completed)

Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_

Name used at the Institution or School \_\_\_\_\_

Dates of Attendance and/or Graduation \_\_\_\_\_

My Present Employer May Be Contacted For a Job Reference Yes  No

Please provide all home addresses for the past seven (7) years, starting with your present address:

	Street Address	City	State	Zip	Dates	Mo/Day/Yr
1.	_____				From: _____	To: _____
					From: _____	To: _____
2.	_____				From: _____	To: _____
					From: _____	To: _____
3.	_____				From: _____	To: _____
					From: _____	To: _____
4.	_____				From: _____	To: _____
					From: _____	To: _____
5.	_____				From: _____	To: _____
					From: _____	To: _____
6.	_____				From: _____	To: _____
					From: _____	To: _____
7.	_____				From: _____	To: _____
					From: _____	To: _____
8.	_____				From: _____	To: _____
					From: _____	To: _____
9.	_____				From: _____	To: _____



Credentialing and background investigation

Pursuant to the requirements of the Fair Credit Reporting Act, **I acknowledge that a credit report, consumer report<sup>2</sup> and/or investigative consumer report<sup>3</sup> may be made in connection with my application for employment with prospective employer.** (including contract for services). I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that a prospective employer and PreCheck, Inc., may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my educational/school records, driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

**I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the information mentioned above. A photocopy of this authorization shall have the same effect as the original.**

I understand the information obtained will be used as one basis for employment or denial of employment. I hereby discharge, release and indemnify the prospective employer, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc. The authorization granted herein expires one year from the date hereof. I have read and understood the above information, and assert that all information provided by me is true and accurate.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

<sup>1</sup> *The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to Individuals who are at least 40 years of age. This information is for consumer report purposes only.*

<sup>2</sup> *A "Consumer Report" may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.*

<sup>3</sup> *An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.*

# Equal Employment Opportunity Report

Facility Name <b>Valley Regional Medical Center</b>	C/OID 37358	Date
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Equal Employment Opportunity Employers are required by the Federal Government to provide statistical information about applicants and/or employees to demonstrate that the facility meets equal employment opportunity requirements. Your completion of this form is voluntary and would be greatly appreciated.

This information will be kept separate and confidential from the personnel file and will not be considered in any employment decisions:

Employment Name (Last, First, M.I.)	Social Security No.
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Position		
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Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date
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### Ethnic Category

Check one:

- AMERICAN INDIAN or ALASKAN NATIVE.** All persons having origins in any of the original people of North American and who maintain cultural identification through tribal affiliation or community recognition.
- AMERICAN or PACIFIC ISLANDER.** All persons having origins in any of the original peoples of the Far East, South east Asia, or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippine Islands and Samoa. Also, persons from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim, and Sri Lanka.
- BLACK** (Not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** All persons of Mexico, Puerto Rican, Cuba, Central or South America or other Spanish culture regardless of race.
- WHITE** (Not of Hispanic origin). All persons having origins in any of the people of Europe, North Africa, and the Middle East.

### Veteran Status

**Are you a Vietnam Era Veteran?**  Yes  No

A person who served on active duty in Vietnam between 2/28/61 and 5/7/75 for a period of 1180 days or who was on active duty between 8/5/64 to 5/7/75 but not in Vietnam, and was discharged or released there from with other than a dishonorable discharge or for a service connected disability.

**Are you a Disabled Veteran?**  Yes  No

A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or whose discharge or release from active-duty was for a disability incurred or aggravated in the line of duty.

### Referred By

How were you referred? [ ] Newspaper, [ ] Magazine [ ] Internet site [ ] Job Posting

[ ] Employee (please provide name) \_\_\_\_\_

[ ] Other (please provide source) \_\_\_\_\_

## Valley Regional Medical Center

Dear Applicant,

Under the Federal Law, it is unlawful for Valley Regional Medical Center (VRMC) to employ any individual or contract with any vendor, who has been excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs such as Medicare/Medicaid.

Please read and check your response to the following statement:

**ARE YOU currently** excluded, suspended, debarred or otherwise ineligible to participate in the Federal Health Care Programs (i.e., Medicare/Medicaid)? (You would have received official notice of this action). Yes \_\_\_\_\_ No \_\_\_\_\_

I \_\_\_\_\_ (Your Name) have read and understand the statement above. I have answered truthfully and understand any falsification or misrepresentation, whether knowingly or unknowingly, will be reason to my application to not be considered for employment. If I am employed by VRMC and at a later date it is discovered I am excluded, suspended, debarred or otherwise ineligible to participate in the Federal Health Care Programs (i.e., Medicare/Medicaid) my employment will be terminated.

I have read and understand the above statements and have answered appropriately.

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

\_\_\_\_\_  
Date

Querido Solicitante,

Bajo la ley Federal, es contra la ley que el Hospital Valley Regional Medical Center (VRMC) emplee a un individuo o contrate con cualquier vendedor, que ha sido excluido, suspendido o inelegible para participar en el programa Federal de la Salud como Medicare/Medicaid.

Por favor lea y revise su respuesta a lo siguiente:

Esta Ud. excluido, suspendido, o inelegible para participar en el programa de la Salud Federal, Medicare/Medicaid? (Si esta, Ud. hubiera recibido noticia oficial).

Si \_\_\_\_\_ No \_\_\_\_\_

Yo \_\_\_\_\_ (Su nombre) eh leído y entiendo lo escrito. Yo eh contestado lealmente y entiendo que algun mal entendido o alguna falsificacion, sabiendo o no sera una razon por la cual mi solicitud no sea considerada para empleo. Si you soy empleada por el hopital VRMC y luego se describe que soy excluido (a), supendido (a), o inegible para participar en el programa de la Salud Federal (i.e., Medicare/Medicaid) mi empleo seria terminado en ese momento.

Yo eh leído y entiendo lo escrito y eh constentado apropiadamente.

\_\_\_\_\_  
Firma Del Solicitante

\_\_\_\_\_  
Fecha

**Valley Regional Medical Center  
Employment Service Standards**

## **Appearance**

- **I will be responsible for keeping public\* and open work areas neat and display appropriate materials.\*\***
  - \*Areas visited and in view of the public we serve.**
  - \*\*Non-offensive items as applied to by guidelines and policies.**
- **I will be attired according to the specific dress code.**

## **Behavior**

- **I will be a positive role model and avoid airing displeasure or perceived shortcomings of other employees, dependants, or hospital.**
- **I will lend a helping hand.**
- **A job well done will be recognized and praised without delay.**
- **All interactions will be opened and/or closed with “please” and/or “thank you” and with the appropriate title of respect.**

## **Communication**

- **I will be attentive and greet all customers in a friendly, courteous, and professional manner at all times.**
- **The customer’s confidentiality will be respected and maintained on all matters.**
- **I will speak first and greet all customers with a smile when appropriate.**
- **Information will be shared with all appropriate persons in a timely manner.**

## **Dependability**

- **I will be reliable in providing what was promised timely and accurately and if unable to meet the deadline, I will notify the appropriate person.**
- **I will relay information promptly and keep the customer informed of any changes.**

## **Taking Ownership**

- **I will ask the customer how they would like to see us resolve their concern.**
- **I will not place blame nor point the finger at any one and will assist in resolution.**
- **I will do my best to solve a concern and if I cannot I will find someone who can, and I WILL FOLLOW UP.**

**I agree to abide by the standards listed above and to uphold the values of VRMC’s Service Culture Program.**

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

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