TRMC
TITUS REGIONAL MEDICAL CENTER

Get Healthy, Stay Healthy, Live Healthy

Date

Employment Application

Entire application must be completed. Required fields are in RED.

Position applied for:

Personal Information

Last Name: First Name: Middle Name:

Street Address: City: State: Zip Code:

Home Phone Number: Other Phone Number: Cell Work

Social Security Number: Are you currently eligible for employment in the U.S.? Yes No

If not a U.S. citizen, indicate status:

How did you learn of this position?

Name of Employee who recruited you?

First Name Last Name

List any other skills, experience, or qualifications you posess:

Work Availability

Date of Availability

Expected Rate of Pay $ per hour per year

Status Full Time Part Time PRN

Days Yes No Intermittant

Evenings Yes No Intermittant

Nights Yes No Intermittant

Weekends Yes No Intermittant

On-Call Yes No Intermittant

Record of Education

Check all that apply:

High School Diploma or Equivalent

College/University

Degree Type

Name of University

Graduation Date

Major

Other Training:

School Name/Location

Courses Taken

Type of Certificate, if any

Completion Date

Employment History

Provide a complete work history, beginning with your most recent

Month/Year of Recent Employme nt

From:

To:

Employer

Phone Number

Address

City

State:

Zip

Ending Pay

Hourly

Yearly

Title

Duties

Reason for Leaving

Month/Year of Recent Employme nt

From:

To:

Employer

Phone Number

Address

City

State:

Zip

Ending Pay

Hourly

Yearly

Title

Duties

Reason for Leaving

Month/Year of Recent Employme nt

From:

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Month/Year of Recent Employme nt

From:

To:

Employer

Phone Number

Address

City

State:

Zip

Ending Pay

Hourly

Yearly

Title

Duties

Reason for Leaving

Licensure/Certification

1 Type	2 Type	3 Type	4 Type
State	State	State	State

Have there been any disciplinary actions taken against your license, or any restrictions of practice? Yes No

If yes, please explain:

Other

Were you previously employed by Titus Regional Medical Center? If Yes, when? Yes No

Do you have friends or relatives working for TRMC? If Yes, list names: Yes No

Do you now use drugs or chemical agents for purposes other than the treatment of an illness? If Yes, explain. Yes No

Have you been convicted of a crime (felony or misdemeanor)? If Yes, describe in full. Yes No

Authorization

The facts set forth in, or submitted in connection with, this application for employment are true and complete. I understand that, if employed, any false statements I have made in connection with my application shall be considered sufficient cause for my dismissal. Titus Regional Medical Center is hereby authorized to make any investigation of my personal record, including any criminal history, financial, or credit record through sources of its choice.

The application and background consent will require signature upon offer of employment.

Applicant's Signature _____ Today's Date _____

Titus Regional Medical Center #75
Application Disclosure/Release

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a *consumer report** may be made in connection with your application for employment.

If you are denied employment, either partly or in whole, due to 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 report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procedurement of a *consumer report** in connection with you application for employement and/ or continued employment.

Applicant's First Name:

Applicant's Middle Name:

Applicant's Last Name:

Applicant's Other Last Names:

Social Security Number

Date of Birth**

Current Address Information

Address

Apt. #

City

State

Zip Code

List all cities, states and counties lived in for the last **SEVEN YEARS.**

	City	State	County
1			
2			
3			
4			
5			
6			
7			

*A consumer report may consisit 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 applying.
**Date of Birth for consumer report purposes only. This page will be omitted if application is shared with any department for employment purposes.

Applicant's Signature _____ Today's Date _____

Submit Form Reset Form