

**WESLACO REHAB HOSPITAL**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT  
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL | Highest Level Completed | COURSE OF STUDY | MAJOR & DEGREE |
|----------------------|----------------|-------------------------|-----------------|----------------|
| High School          |                |                         |                 |                |
| College              |                |                         |                 |                |
| Bus. or Trade School |                |                         |                 |                |
| Professional School  |                |                         |                 |                |

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

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APPLICATION FOR EMPLOYMENT

**JOB-RELATED PROFESSIONAL LICENSES/CERTIFICATIONS/REGISTRATION**

Licensed As: \_\_\_\_\_

State: \_\_\_\_\_ Current License/Certification/Registration No.: \_\_\_\_\_ Expiration Date (s) \_\_\_\_\_

State: \_\_\_\_\_ Current License/Certification/Registration No.: \_\_\_\_\_ Expiration Date (s) \_\_\_\_\_

Have any license privileges been suspended or revoked? \_\_\_\_\_

If so, why, when, and where? \_\_\_\_\_

Have you ever been party to or a witness in which you were accused or found guilty of professional negligence or neglect? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job because of alleged or proven negligence, neglect, or violation of employer's policy and procedure? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been excluded from participating in any federal or healthcare programs such as Medicare, Medicaid, or Champus? \_\_\_\_\_

If yes, please explain? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for providing additional information.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|--|-------------------------|------------------|----------------|
|  |                         | From<br>To       | Start<br>Final |
| Your last job title  |                         |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|--|-------------------------|------------------|----------------|
|  |                         | From<br>To       | Start<br>Final |
| Your Last Job Title  |                         |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |

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|  |                         |                  |                |
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|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Weslaco Rehab Hospital , I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Weslaco Rehab Hospital practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Weslaco Rehab Hospital, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and Weslaco Rehab Hospital may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Weslaco Rehab Hospital may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Weslaco Rehab Hospital permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Weslaco Rehab Hospital from any liability as a result of such contract.

I also understand that (1) the Weslaco Rehab Hospital has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, Weslaco Rehab Hospital may request from a consumer reporting agency an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Weslaco Rehab Hospital will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Weslaco Rehab Hospital shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Weslaco Rehab Hospital is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Weslaco Rehab Hospital is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Weslaco Rehab Hospital depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

# Equal Employment Opportunity is **THE LAW**

Employers Holding Federal  
Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under the following Federal authorities: **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

## **INDIVIDUALS WITH HANDICAPS**

Section 503 of the Rehabilitation Act of 1973, as amended, prohibits job discrimination because of handicap and requires affirmative action to employ and advance in employment-qualified individuals with handicaps who, with reasonable accommodations, can perform the essential functions of a job.

## **VIETNAM ERA AND SPECIAL DISABLED VETERANS**

38 U.S.C. 4212 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 prohibits job discrimination and requires affirmative action to employ and advance in employment-qualified Vietnam era veterans and qualified special disabled veterans.

Any person who believes a contractor violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), Employment Standards Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210 or call (202) 523-9368, or an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

## **Private Employment, State and Local Governments, Educational Institutions**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under the following Federal laws:

## **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in hiring, promotion, discharge, pay, job training, fringe benefits, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex, or national origin.

## **DISABILITY**

The Americans with Disabilities Act of 1990, as amended, protects qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, job training, fringe benefits, classification, referral, and other aspects of employment on the basis of disability. The law also requires that covered entities provide covered entities provide qualified applicants and employees with disabilities with reasonable accommodations that do not impose undue hardship.

## **AGE**

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination on the basis of age in hiring, promotion, discharge, compensation, terms, conditions or privileges of employment.

## **SEX (WAGES)**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act (see above), the Equal Pay Act of 1963, as amended, prohibits sex discrimination in payment of wages to women and men performing substantially equal work in the same establishment. Retaliation

against a person who files a charge of discrimination, participates in an investigation, or opposes an unlawful employment practice in prohibited by all these Federal laws. If you believe that you have been discriminated against under any of the laws, you immediately should contact:

The U.S. Equal Employment Opportunity Commission (EEOC), 1801 L Street, N.W., Washington, D.C. 20507 or an EEOC field office by calling toll free (800) 669-4000. For individuals with hearing impairments, EEOC's toll free (800) 800-3302.

Programs or Activities Receiving Federal Financial Assistance

## **RACE, COLOR, NATIONAL ORIGIN, SEX**

In addition to the protection of Title VII of the Civil Rights of 1964, Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin in programs or activities receiving Federal assistance. Title VI covers employment discrimination if the primary objective of the financial assistance is provision of employment, or where employment discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employments discrimination on the basis of sex in education programs or activities, which receive Federal assistance.

## **INDIVIDUALS WITH HANDICAPS**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of handicap in any program or activity, which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against handicapped persons who, with reasonable accommodations, can perform the essential functions of a job. If you believe you have been discriminated against in a program of any institution, which receives Federal assistance, you should contact immediately the Federal agency providing such assistance.

# CONFIDENTIAL VOLUNTARY QUESTIONNAIRE

## APPLICANT TRACKING INFORMATION SHEET

### TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES

The following information is requested as a method of data collection, record keeping and for reference checking. This information will be maintained in the Human Resource Office for 6 months from date of signature and in no way be used in a decision for referring or hiring candidates. Each entity in Weslaco Rehab Hospital is an Equal Opportunity Employer. We recruit and hire applicants without regard to race, color, religion, sex, age, national origin, marital, veteran or disability status. As required, we comply with all government equal employment regulations.

|   |   |   |   |  |
|---|---|---|---|--|
| Today's Date:   | Position Applied For:<br>(1) _____<br>(2) _____ | Social Security Number :                        | Date of Birth (Month/Day/Year)                          |  |
| Name: (Last Name, First Name, Middle Initial)   |   | Work Phone<br>(     )                           | Home Phone<br>(     )                                   |  |
| Address: (Number and Street)  |   | City  | State   | Zip Code   |
| <b>VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY SURVEY (Completion of information below is voluntary)</b> |   |   |   |  |
| <input type="checkbox"/> Male <input type="checkbox"/> Female                                       |   | Check one of the following race/ethnic groups:  |   |  |
| Check if the following is applicable:   |   | <input type="checkbox"/> Hispanic               | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White, not of Hispanic Origin |
| <input type="checkbox"/> Disabled Individual  |   | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black, not of Hispanic Origin  |  |

**Return to the Human Resources Department.**

**Applicant hired**

**Applicant not hired**

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