

# SACRED HEART MEDICAL SERVICES

## APPLICATION FOR EMPLOYMENT

### PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

#### PERSONAL INFORMATION

First Name	Last Name	Middle Name	Date
Address		City	State Zip
Phone Number	Social Security Number	Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position	Start Date	Salary Desired	
Are You Employed Now	May We Contact The Employer	Will You Remain Employed	
Have you ever applied with SHMS before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when was the last time you applied with SHMS	
Were you referred to SHMS by a present employee of SHMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes who referred you?	

#### EDUCATION

Name and Location of School	# Years Attended	Did You Graduate	Studies
Grammar School			
High School			
College			
Trade / Business School			

#### GENERAL

Subjects of Special Study, Research Work, or Special Skills / Knowledge

Do you have a Military / Armed Forces background?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rank	Membership in National Guard or Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	------	---	--

**FORMER EMPLOYMENT**

Date		Name and Address of Employer	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about that job? \_\_\_\_\_

**REFERENCES**

Name	Address	Business	Years Acquainted

Emergency Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Texas DSHS Number \_\_\_\_\_

Texas Divers License Number \_\_\_\_\_

Texas DL Expiration \_\_\_\_\_

**SIGNATURE**

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the companies rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

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

Date \_\_\_\_\_

**INTERVIEW**

APPLICANT DO NOT WRITE BELOW THIS POINT

Interviewed By \_\_\_\_\_

Date \_\_\_\_\_

Hired

 Yes  
 No

Yes  
No

Salary \_\_\_\_\_

Signature of Owner / Operator \_\_\_\_\_

Secondary Signer (if available) \_\_\_\_\_

Date \_\_\_\_\_