



Wise Regional Health System
2000 S. FM 51
Decatur, TX 76234
940.627.5921
FAX 940.626.0119
www.wiseregional.com
Job Line 940.626.2525

THIS IS A JOB INFORMATION FORM, NOT AN EMPLOYEE CONTRACT. PRIOR TO EMPLOYMENT AT WRHS AN APPLICANT MUST AGREE TO TAKE AND PASS A DRUG SCREEN. WISE REGIONAL HEALTH SYSTEM is an equal opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, age, national origin or handicapped status. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, national origin or handicapped status.

PERSONAL

Name (last, first, middle) _____ Date _____
 Phone: Home _____ Cell _____ Work _____
 Street Address _____ City _____ State _____ Zip _____
 Alternate Contact _____ Phone _____
 If not a US citizen, do you have a work permit? Yes No If yes, please give expiration date _____
 Excluding minor traffic violations, have you ever been convicted of a felony? Yes No If yes, please describe _____

JOB PREFERENCE

Position(s) for which you are applying 1. _____ 2. _____ 3. _____
 Date you can begin work _____ Minimum acceptable salary _____
 Check employment you desire: Full time Part Time PRN Shift(s) you can work: Day Evening Night
 Will you work weekends and/or holidays? Yes No Are you 18 years of age or older? Yes No
 Have you ever worked for WRHS? Yes No If yes, give name, department, dates _____

EDUCATION

Circle highest Grade completed:	Name and location of school	Major/minor	Graduate Yes/No
High School 9 10 11 12 GED			
College or university 1 2 3 4			
Vocational/business school			
Nursing School			
Other training or graduate school			
Military Service			

PROFESSIONAL LICENSES AND CERTIFICATIONS (IF YOU ARE LICENSED IN YOUR PARTICULAR FIELD, PLEASE ANSWER)

Type	License number	Issue date	Renewal number	Renewal date

SKILLS

Typing: _____ WPM(KPH) _____ Medical Terminology _____ Word processing _____ Dictaphone _____ 10-key _____ PBX
 Computer (type) _____ Word _____ Excel _____ Other _____
 Other skills _____

WORK EXPERIENCE

List all previous employers for whom you have worked. Start with your most recent employer and work back through previous positions.

Present (or most recent) employer _____ Bus. Phone _____
Address, City, State, Zip _____
Date started _____ Date ended _____ Supervisor _____ Ending Salary _____
Your title _____ FT PT PRN Your name while employed _____
Reason for leaving _____ Duties _____

Employer _____ Bus. Phone _____
Address, City, State, Zip _____
Date started _____ Date ended _____ Supervisor _____ Ending Salary _____
Your title _____ FT PT PRN Your name while employed _____
Reason for leaving _____ Duties _____

Employer _____ Bus. Phone _____
Address, City, State, Zip _____
Date started _____ Date ended _____ Supervisor _____ Ending Salary _____
Your title _____ FT PT PRN Your name while employed _____
Reason for leaving _____ Duties _____

EXPLAIN ALL PERIODS OF UNEMPLOYMENT _____

REFERRAL SOURCE: Web Site ___ Newspaper ___ Job Line ___ Current WRHS Employee (name) _____

IMPORTANT – PLEASE READ CAREFULLY AND SIGN

APPLICATIONS ARE ACTIVE FOR 90 DAYS. I certify that the statements made on this application are true to the best of my knowledge and belief and hereby grant WISE REGIONAL HEALTH SYSTEM permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause in my application being rejected or my employment terminated. I further understand that WRHS will perform a pre-employment investigation, including but not limited to a reference and criminal background check, to determine my suitability for employment and I authorize WRHS to have access to any records concerning my education, employment, and criminal background. I understand that WRHS will not inform me of the details of any references received from previous employers.

I agree to submit to a physical exam including drug screening if I am given a conditional job offer and understand that if I fail to pass, or refuse, I may not be hired by WRHS. I understand that refusal of such, when requested could result in termination of employment.

I understand that if employed, the terms and conditions of my employment, including duties, hours, working area and days of work may be changed from time to time without notice by the hospital as it deem necessary. I understand that this application does not constitute an employment contract of any kind.

Signature _____ **Date** _____