



EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

PERSONAL INFORMATION

All questions must be fully answered. Incomplete applications may not be considered.

Name	Date
Email Address	Phone Number
Are you eligible to work in the US <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years or older <input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION APPLIED FOR

Department	Job Title
Starting Salary	Date you are Available for Employment
Full Time, Part Time, or PRN Preferece	Shift Availability (Day/Night/Weekends)

EDUCATION

(Transcripts may be required)	NAME AND LOCATION OF SCHOOL	DEGREE EARNED	MAJOR/MINOR COURSE OF STUDY
High School			
College or University			
Trade, Business, or Correspondence School			

LICENSURE – CERTIFICATION – REGISTRATION INFORMATION

List all professional licenses, certifications, or registrations you have been issued:

NAME OF LICENSE, CERTIFICATION, OR REGISTRATION	STATE	NUMBER	EXPIRATION DATE

KNOWLEDGE / SKILLS / ABILITES (KSAs)

List KSAs and certifications you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s) etc. _____

BACKGROUND INFORMATION

Have you ever been convicted of a crime other than a traffic misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where were you convicted? _____	Date of Conviction _____
If yes, explain _____	
Where did you plead? _____	Date _____
NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offenses in relation to the position for which you are applying are considered.	

RELATIVES

To your knowledge, do you have any relatives working for Rice Medical Center / Rice Medical Associates? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Name(s) _____	Relationship(s) _____
Department(s) where employed _____	

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your **PRESENT** or most recent job. Include all employment and explain any periods of unemployment lasting more than six months. Resumes may be attached but will not replace completing this section. Use a separate sheet if necessary.

1	From	To	Job Title	Salary
Name and address of employer			Phone Number	
Supervisor's name and title				
Duties & responsibilities				
Reason for leaving				

2	From	To	Job Title	Salary
Name and address of employer			Phone Number	
Supervisor's name and title				
Duties & responsibilities				
Reason for leaving				

3	From	To	Job Title	Salary
Name and address of employer			Phone Number	
Supervisor's name and title				
Duties & responsibilities				
Reason for leaving				

4	From	To	Job Title	Salary
Name and address of employer			Phone Number	
Supervisor's name and title				
Duties & responsibilities				
Reason for leaving				

APPLICANT CERTIFICATION AND AUTHORIZATION

I certify that all information I have provided in this application and any accompanying documents (including resumes and exhibits) is true, complete, and accurate to the best of my knowledge. I understand that any falsification, omission, or misrepresentation may disqualify me from further consideration or result in termination of employment, regardless of when discovered.

I authorize Rice Medical Center / Rice Medical Associates ("the Hospital") to verify all information contained in this application, including but not limited to employment history, education, licensure, references, and criminal background. I release the Hospital and all persons, employers, schools, or organizations from any liability arising from such inquiries or the release of information.

I understand that any conditional offer of employment is contingent upon successful completion of all pre-employment requirements, which may include: drug screening, background checks, physical assessments, and verification of qualifications. I further consent to the release of information from prior employers, educational institutions, law enforcement agencies, and others as necessary to assess my qualifications.

I acknowledge that employment at the Hospital is **at-will** and not guaranteed for any specific duration. Either I or the Hospital may terminate the employment relationship at any time, with or without cause or notice. I also understand that if hired, I may be required to work variable schedules, including nights, weekends, holidays, or overtime, depending on the needs of the Hospital.

I understand that Rice Medical Center may obtain a consumer report, in compliance with the Fair Credit Reporting Act, after a conditional offer of employment. I may be asked to complete separate forms authorizing this. I acknowledge that a credit report will only be requested if relevant to the position.

I agree to comply with all Hospital policies and procedures, including any changes made during my employment. I understand that if hired, I must provide documentation to verify my identity and legal right to work in the United States, as required by federal law.

By signing below, I confirm that I have read, understand, and agree to the terms stated in this certification.

Signature: _____

Date: _____

Submit your application to the Department of Human Resources at
600 South Austin Rd., Eagle Lake, TX 77434, or email it to sjmartinez@ricemedicalcenter.net