## "The Mission of the Winnie-Stowell Hospital District is to attend to and balance the healthcare needs of the Community with fiscal responsibility"

Winnie-Stowell Hospital District P.O. Box 1997 538 Broadway Winnie, Texas 77665 (409) 296-1003

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity / Affirmative Action Employer

If you need assistance in completing the employment application, please inquire at the Winnie Stowell Hospital District's ("District") office. Furthermore, the District conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodation (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the District's Administrator, Sherrie Norris, in writing when you submit your application.

The District does not discriminate against applicants on the basis of race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability, veteran status, genetic information or any other legally protected characteristic. Please direct any complaints about the application process to the District's Administrator.

PERSONAL DATA:

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Name and Schools Attended and Location		GPA Major Fields		Hours Completed/Degre Received	
SKILLS: Please in	ndicate (X) your exper	ience/skills/abilit	ties in the following areas:		
yping Speed:	Skills:		Clerical Experien		No. of Years:
below 40 wpm 10-Key by touch		Receptionist Data Entry			
40-49 wpm 50-59 wpm	40-49 wpm		Data Entry Bookkeeping	7	
60-69 wpm			Filing	7	
		r Point	Purchasing		
		: Word Processin : Software	g Secretarial Records Mar	nagement	
		hand; speed	Cashier (elec		
	Cour	Reporting	Other		
	Other	:			-
	thorized to work in the		n order to be employed by this nent eligibility as required by the		
you can produce appr	opriate identification a	and work eligibil	ity documents please check thi	s box:	
lave you ever pled guil	lty, pled no contest, or	been convicted of	of a felony or other crime?	Yes No	О
omit convictions for mi	nor traffic violations u ll not result in your au	nless the position tomatic disqualif	ction, and the nature of the offern for which you are applying refication for employment. The stries will be considered.)	equires the operation of	a motor vehic
the position for which		uires the operation	on of a motor vehicle, do you h	ave a current Texas Dri	ver's License?
ype of License:	Operator	License	No		
	Commercia	License .	No		
	Chauffeur	License	No		

REFERENCES:

List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone Number	Occupation

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal document verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made.

A photocopy of this authorization shall be as valid as the original.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

Date:	Signature of Applicant:	
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EMPLOYMENT EXPERIENCE: List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper. In the column at the right, describe your assignments. Attach additional sheets as necessary. May inquiry be made of your present employer? Yes No From: To: **Employer:** Dates: **Phone No:** Summary of Job Duties: Address Job Title Supervisor Reason for Leaving Starting Salary: **Ending Salary:** To: Dates: From: **Employer: Phone No:** Summary of Job Duties: Address Job Title Supervisor Reason for Leaving Starting Salary: Ending Salary: Dates: To: **Employer:** From: **Phone No:** Address Summary of Job Duties: Job Title Supervisor Reason for Leaving Starting Salary: **Ending Salary: Dates:** To: **Employer:** From: **Phone No:** Address Summary of Job Duties: Job Title Supervisor Reason for Leaving Starting Salary: Ending Salary: