



PROVIDENCE HEALTHCARE NETWORK
 6901 Medical Parkway • P.O. Box 2589
 Waco, Texas 76702-2589

APPLICATION FOR EMPLOYMENT

APPLICATION DATE

An Equal Opportunity Employer

PROVIDENCE HEALTHCARE NETWORK WILL NOT DISCRIMINATE AGAINST ANY APPLICANT FOR EMPLOYMENT IN REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE OR DISABILITY IN ACCORDANCE WITH THE PROVISIONS OF THE CIVIL RIGHT ACT OF 1964. THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967, SECTION 504 OF THE REHABILITATION ACT OF 1973, THE AMERICANS WITH DISABILITIES ACT AND THE CIVIL RIGHTS ACT OF 1991.

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS COMPLETELY, AND TYPE OR PRINT CLEARLY.

IDENTIFICATION

LAST NAME	FIRST NAME	INITIAL	BUSINESS PHONE	SOCIAL SECURITY #
PRESENT ADDRESS (STREET & NUMBER)		CITY	STATE ZIP	HOME PHONE
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING?				VISA NUMBER
		YES	NO	

JOB STATUS

POSITION OR TYPE OF WORK APPLYING FOR:				REFERRED BY:				
1.		2.						
SEEKING	FULL TIME	SHIFT PREFERRED	DAY	AVAILABLE TO WORK WEEKENDS?		PRESENTLY EMPLOYED?		SALARY REQUIRED
	PART TIME		EVENING	YES	NO	YES	NO	
	TEMPORARY		NIGHT					
MAY WE CONTACT YOUR PRESENT EMPLOYER?		PREVIOUSLY EMPLOYED BY PROVIDENCE HEALTH CENTER, PROVIDENCE HOME CARE, ST. CATHERINE CENTER, OR PROVIDENCE MEDICAL CLINICS?			DO YOU HAVE RELATIVES EMPLOYED HERE?		DATE AVAILABLE FOR WORK	
YES	NO	YES	NO	YES	NO	YES	NO	

U.S. MILITARY

BRANCH OF U.S. SERVICE	DATE ENTERED	DATE DISCHARGED	RANK AT DISCHARGE
NATURE OF DUTIES AND SPECIAL TRAINING RECEIVED			

EDUCATION

PLEASE INDICATE ANY EDUCATIONAL, VOCATIONAL, ON-THE-JOB, MILITARY, OR ANY OTHER TRAINING YOU HAVE RECEIVED WHICH WILL AID US IN PLACING YOU IN THE POSITION THAT BEST MEETS YOUR QUALIFICATIONS AND/OR IN DETERMINING YOUR QUALIFICATIONS FOR A POSITION FOR WHICH YOU DESIRE TO BE CONSIDERED.

	GRADE SCHOOL				HIGH SCHOOL		COLLEGE		GRADUATE SCHOOL		SEMESTER HRS.	PLANS FOR FUTURE STUDY
CHOOSE HIGHEST GRADE COMPLETED	1	2	3	4	9	10	1	2	1	2		
	5	6	7	8	11	12	3	4	3	4		
HIGH SCHOOL	NAME OF SCHOOL				LOCATION OF SCHOOL				DEGREE/DIPLOMA		MAJOR/MINOR	
PROFESSIONAL/VOCATIONAL/TECHNICAL SCHOOL												
COLLEGE												
OTHER SCHOOLS, SPECIAL TRAINING, OR SKILLS (E.G. COMPUTER LITERACY)												

TYPING SPEED	OFFICE EQUIPMENT OR OTHER SPECIAL EQUIPMENT USED				
WPM					
PROFESSIONAL LICENSES/CERTIFICATIONS	TYPE	STATE ISSUED	NO.	EXP. DATE	

GENERAL

HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR)? YES NO IF YES, EXPLAIN

HAVE YOU EVER BEEN EXCLUDED FROM A FEDERAL OR STATE HEALTH CARE PROGRAM (E.G. MEDICARE) OR FROM A FEDERAL PROCUREMENT OR NON-PROCUREMENT PROGRAM? YES NO IF YES, EXPLAIN

WORK EXPERIENCE

START WITH YOUR PRESENT OR LAST POSITION AND WORK BACK ACCOUNTING FOR ALL PERIODS OF UNEMPLOYMENT.

NAME OF BUSINESS (OR COMPANY)	TYPE OF BUSINESS	ADDRESS	CITY	STATE	ZIP
STARTED	LEFT	STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	TELEPHONE
MO. YR.	MO. YR.				
JOB TITLE AND DESCRIPTION OF DUTIES AND RESPONSIBILITIES				REASON FOR LEAVING	

PREVIOUS

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