



APPLICATION FOR EMPLOYMENT

PLEASE PRINT IN BLACK INK OR TYPE. Fill out the application completely and if questions are not applicable, enter "N/A".
Do not leave questions blank. Be sure to sign where indicated. BaylorScott&White Texas Spine & Joint Hospital is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment. **Resumes will not be accepted in lieu of this application**, unless specifically stated in the job vacancy announcement. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

NAME _____ DESIRED POSITION _____
(Last) (First) (Middle)

MAILING ADDRESS _____ AC () _____
(Street) (City) (State) (Zip) (County) Home Phone

E-MAIL ADDRESS _____ AC () _____
Cell Phone

List any other names used if different from name on this application. _____

Full-Time Part-Time Summer Temp/Project Date available for work? _____

Are you willing to work hours other than 8-5? Yes No Shift Preference _____

What days are you unable to work? _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
Yes No

Are you at least 18 years of age? Yes No

EDUCATION (NOTE: Applicant may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and regulations.)

Indicate Highest Grade completed: 9/10/11/12 Did you graduate from high school or receive high school equivalency (HSE) credential? Yes No

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/ Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate colleges or Universities										
Graduate Schools										
Technical, Vocational, or Business Schools										

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING PHONE NUMBER.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed resume.

NAME: _____
Last
First
Middle

Position Title:						Immediate Supervisor Name:						Full-Time <input type="checkbox"/>	
Employer:												Part-Time <input type="checkbox"/>	
Mailing Address:						Title:						Summer <input type="checkbox"/>	
City & State/Zip:												Temp/Project <input type="checkbox"/>	
Employer's Telephone No.: AC ()						Supervisor's Telephone No.:						Give average # of hours worked per week if part-time	
Starting Date		Leaving Date				Technical <input type="checkbox"/>		AC()					
Mo.	Day	Yr.	Mo.	Day	Yr.	Current/ Final salary		NonManagerial <input type="checkbox"/>		If supervisory, number of employees you supervised:			
						\$		Supervisory/Managerial <input type="checkbox"/>					
Summary of Experience:													
Specific reason for leaving:													
Position Title:						Immediate Supervisor Name:						Full-Time <input type="checkbox"/>	
Employer:												Part-Time <input type="checkbox"/>	
Mailing Address:						Title:						Summer <input type="checkbox"/>	
City & State/Zip:												Temp/Project <input type="checkbox"/>	
Employer's Telephone No.: AC ()						Supervisor's Telephone No.:						Give average # of hours worked per week if part-time	
Starting Date		Leaving Date				Technical <input type="checkbox"/>		AC()					
Mo.	Day	Yr.	Mo.	Day	Yr.	Current/ Final salary		NonManagerial <input type="checkbox"/>		If supervisory, number of employees you supervised:			
						\$		Supervisory/Managerial <input type="checkbox"/>					
Summary of Experience:													
Specific reason for leaving:													

Position Title:						Immediate Supervisor Name:						Full-Time		<input type="checkbox"/>
Employer:												Part-Time		<input type="checkbox"/>
Mailing Address:						Title:						Summer		<input type="checkbox"/>
City & State/Zip:												Temp/Project		<input type="checkbox"/>
Employer's Telephone No.: AC ()						Supervisor's Telephone No.:						Give average # of hours worked per week if part-time		
Starting Date		Leaving Date				Technical		<input type="checkbox"/>	AC()					
Mo.	Day	Yr.	Mo.	Day	Yr.	Current/ Final salary		NonManagerial		<input type="checkbox"/>	If supervisory, number of employees you supervised:			
						\$		Supervisory/Managerial		<input type="checkbox"/>				

Summary of Experience:

Specific reason for leaving:

Position Title:						Immediate Supervisor Name:						Full-Time		<input type="checkbox"/>
Employer:												Part-Time		<input type="checkbox"/>
Mailing Address:						Title:						Summer		<input type="checkbox"/>
City & State/Zip:												Temp/Project		<input type="checkbox"/>
Employer's Telephone No.: AC ()						Supervisor's Telephone No.:						Give average # of hours worked per week if part-time		
Starting Date		Leaving Date				Technical		<input type="checkbox"/>	AC()					
Mo.	Day	Yr.	Mo.	Day	Yr.	Current/ Final salary		NonManagerial		<input type="checkbox"/>	If supervisory, number of employees you supervised:			
						\$		Supervisory/Managerial		<input type="checkbox"/>				

Summary of Experience:

Specific reason for leaving:

Position Title:						Immediate Supervisor Name:						Full-Time		<input type="checkbox"/>
Employer:												Part-Time		<input type="checkbox"/>
Mailing Address:						Title:						Summer		<input type="checkbox"/>
City & State/Zip:												Temp/Project		<input type="checkbox"/>
Employer's Telephone No.: AC ()						Supervisor's Telephone No.:						Give average # of hours worked per week if part-time		
Starting Date		Leaving Date				Technical		<input type="checkbox"/>	AC()					
Mo.	Day	Yr.	Mo.	Day	Yr.	Current/ Final salary		NonManagerial		<input type="checkbox"/>	If supervisory, number of employees you supervised:			
						\$		Supervisory/Managerial		<input type="checkbox"/>				

Summary of Experience:

Specific reason for leaving:

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If a license, certificate, or other authorization is required to the position for which you are applying, complete the following:

License/Certification	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional pages, if necessary.)

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that my misstatement, falsification, or omission of information may be grounds for refusal to hire, or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. as required by law.
3. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.
4. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have with regard to any of the subjects covered by this application and I release all such parties from all liability from any damages which may result from furnishing such information to BSWTSJH.
6. I understand that my employment is for no definite period and is "at Will", and that the employer/employee relationship can be terminated at any time with or without prior notice.

I acknowledge that I have read and understand the above statements

This Application must be signed

Sign Here: X _____

Date: _____

BaylorScott&White Texas Spine & Joint Hospital
Employee Applicant Certification Statement
Federal Health Care Programs Exclusions and Sanctions Checks

BaylorScott&White Texas Spine & Joint Hospital (BSWTSJH) seeks to comply with all Federal and State laws and regulations including the requirement not to employ sanctioned individuals. Pursuant to Federal statute BSWTSJH may not employ any individual who:

- Is currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs; or
- Has been convicted of a criminal offense related to the provision of healthcare items or services [42 U.S.C. § 1320a-7(a)], but have not yet been excluded, debarred, suspended, or otherwise declared ineligible; or
- Has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment, or ineligibility.

BSWTSJH will perform an initial screening of all applicants against the HHS/OIG List of Excluded Individuals/Entities and the General Service Administration's List of Parties Excluded from Federal Programs before making an offer of employment.

Please answer the following questions Yes or No:

_____ Are you currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs; or

_____ Have you been convicted of a criminal offense related to the provision of healthcare items or services, but have not yet been excluded, debarred, suspended, or otherwise declared ineligible; or

_____ Have you been convicted of a criminal offense related to the provision of health care items or services and have not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment, or ineligibility.

_____ Are you to the best of your knowledge, under investigation or otherwise aware of any circumstances which may result in your being excluded from participation in the Federal Healthcare Programs

By signing below you consent to procurement of a consumer report and I authorize BSWTSJH to check with the Texas Department of Public Safety or other organizations, for a criminal history background check. I attest the information provided above is truthful and accurate in connection with your application for employment and/or continued employment.

Applicant Name (Print): _____

Applicant's Signature: _____

Date of Birth: _____ Date: _____

BaylorScott&White Texas Spine & Joint Hospital
FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

BaylorScott&White Texas Spine & Joint Hospital

- When considering your application for employment;
- When making a decision whether to offer you employment;
- When deciding whether to continue your employment (if you are hired); and
- When making other employment related decisions directly affecting you,

may wish to obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. As an applicant for employment or employee of **BaylorScott&White Texas Spine & Joint Hospital**, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, such as **BaylorScott&White Texas Spine & Joint Hospital**. A “consumer report” is any written, oral, other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes. An “investigative consumer report” is a consumer report in which the information about your character, general reputation, personal characteristics and mode of living is obtained in whole or in part through personal interviews with persons who may have knowledge concerning such information.

If **BaylorScott&White Texas Spine & Joint Hospital** obtains a “consumer report” about you, and if **BaylorScott&White Texas Spine & Joint Hospital** considers any information in the “consumer report” when making an employment related decision that directly and adversely affect you, you will be provided with a copy of the “consumer report” before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

AUTHORIZATION AND RELEASE

I hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. As part of my request for employment, I voluntarily authorize all persons, businesses, current and former employers and supervisors, credit reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments and city, state, county and federal courts to release information they may have about me to **BaylorScott&White Texas Spine & Joint Hospital**. If I am employed by **BaylorScott&White Texas Spine & Joint Hospital**, this permission shall remain in effect as long as I am an employee.

Also, I request that a photocopy or facsimile of this Authorization be treated as though it were the original.

In accordance with the Fair Credit Reporting Act, if my employment is denied, based either wholly or partly on information contained in a consumer report or investigative consumer report from a consumer reporting agency, **BaylorScott&White Texas Spine & Joint Hospital**, shall so advise me, and supply the name and address of the consumer reporting agency making the report.

I hereby authorize **BaylorScott&White Texas Spine & Joint Hospital**, to obtain a consumer report and/or investigative consumer report regarding me in connection with: (1) my application for employment; and/or (2) if I am hired, my continued employment.

I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THIS “FAIR CREDIT REPORTING ACT DISCLOSURE, AUTHORIZATION AND RELEASE FORM.”

I HAVE ALSO RECEIVED A COPY OF THE ATTACHED “A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.”

Signature: _____

Printed Name: _____

Date: _____

APPLICATION EEO DATA FORM

The information requested is optional and will not be considered part of the application for employment. It will be separated from the application.

Job Title	Last Name	First	Middle
Address		City	State
		Zip Code	Home Phone () ()
			Work Phone () ()
Sex	Date of Birth	Race/ Ethnicity (Check one box)	
M-Male		<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black/African American
F-Female		<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian <input type="checkbox"/> White
Veteran		<input type="checkbox"/> Native Hawaiian/Pacific Islands	<input type="checkbox"/> Two or More Races
Yes No			
How did you find out about the Job? Please circle from the list below.			
01 – Other BSWTSJH Employee		06 – Newspaper _____ <small>Name Newspaper</small>	11 – WorkInTexas.com
02 – Job Fair		07 – College/University Career Day	12 – Other (specify): _____
03 – Professional Publication		08 – Human Resources Office	
04 – Recruitment Poster		09 – Radio	
05 – Television		10 – TSJH Web Site – Internet	

X _____
Signature – Applicant Date

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BaylorScott&White Texas Spine & Joint Hospital
1814 Roseland Blvd. Tyler, TX 75701
www.tsjh.org