



Today's Date

Employment Application
An Equal Opportunity Employer
A Drug and Smoke Free Work Environment

Personal Information

Last Name:		First Name:		Middle Name:	
Day Phone Number (Include Area Code):			Evening Phone Number (Include Area Code):		
Present Address (Number and Street, P.O. Box):		City or Town:		State:	Zip Code:
Permanent Address (Number and Street, P.O. Box):		City or Town:		State:	Zip Code:
For what type(s) of position(s) are you applying?			When are you available to start?		
For what type of employment are you applying? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____			What geographic area are you willing to work?		
Salary Desired:			Email Address:		
List professional designations and licenses currently held by you (e.g., PA, RN, CVN, Radiologist, Administration, etc.).					
Agency Issuing:		Expiration Date:			
If hired, can you provide evidence that you are legally allowed to work in the US?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If hired, can you provide evidence that you are 18 years of age or over 18?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you have adequate transportation to and from work?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you ever been terminated or asked to resign from any employment?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please explain the circumstances _____					

Have you ever been convicted of a crime, including either a felony or a misdemeanor? A "conviction" includes a plea, verdict or finding of guilt regardless of whether sentence was imposed by the court. [You must not list (1) convictions related to marijuana more than two years ago (other than convictions of transporting or giving away more than one ounce of marijuana), (2) convictions which have been judicially sealed, expunged or statutorily eradicated, (3) misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been dismissed by the court, and (4) any information concerning a referral to, and participation in, any pre-trial or post-trial diversion program.] Yes No

If yes, state location, date and description. (A conviction will not necessarily disqualify you from consideration for employment.) _____

Are you currently out on bail or on your own recognizance pending trial for any crime, including either a felony or a misdemeanor? (A "yes" response will not disqualify you from consideration for employment.) Yes No

If yes, please explain. _____

Education

School Name	Location	Course/Major	Did you Graduate?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate / Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No

License(s) List all relevant certificates or licenses (including valid drivers' license).

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

Employment History List all jobs in chronological order from current position (including part-time and self-employment); explain any periods of unemployment. Use additional sheets if necessary. A resume may be used to supplement (but not replace) this information. Do no write "see resume" instead of completing this form.

Current employer:		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Name and Title of Supervisor:	Phone Number	From: (Month/Year)	To: (Month/Year)
Address City, State and Zip Code:		Starting Salary:	Ending Salary:
Your job title:	Number Supervised:	Reason for leaving:	
Duties:			

Previous Employer:		May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Name and Title of Supervisor:	Phone Number:	From: (Month/Year)	To: (Month/Year)
Address City, State and Zip Code:		Starting Salary:	Ending Salary:
Your job title:	Number Supervised:	Reason for leaving:	
Duties:			

Employment History (continued)

Previous Employer:		May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Name and Title of Supervisor:	Phone Number:	From: (Month/Year)	To: (Month/Year)
Address City, State and Zip Code:		Starting Salary:	Ending Salary:
Your job title:	Number Supervised:	Reason for leaving:	
Duties:			

Previous Employer:		May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Name and Title of Supervisor:	Phone Number:	From: (Month/Year)	To: (Month/Year)
Address City, State and Zip Code:		Starting Salary:	Ending Salary:
Your job title:	Number Supervised:	Reason for leaving:	
Duties:			

References

NAME – Title, Company Name, City, State and Zip Code:	Please indicate: Personal Reference <input type="checkbox"/> Professional Reference <input type="checkbox"/>
Phone Number(s):	Years known:

NAME – Title, Company Name, City, State and Zip Code:	Please indicate: Personal Reference <input type="checkbox"/> Professional Reference <input type="checkbox"/>
Phone Number(s):	Years known:

NAME – Title, Company Name, City, State and Zip Code:	Please indicate: Personal Reference <input type="checkbox"/> Professional Reference <input type="checkbox"/>
Phone Number(s):	Years known:

NAME – Title, Company Name, City, State and Zip Code:	Please indicate: Personal Reference <input type="checkbox"/> Professional Reference <input type="checkbox"/>
Phone Number(s):	Years known:

Referral

How were you referred to our company: Employee Newspaper Internet Agency Resident School
 Job Fair Other

Give name(s) of each check:

Applicant Certification and Agreement

In the event of my employment to a position with Eminent Medical Center, I will comply with all rules and regulations of Eminent Medical Center. I understand that EMINENT MEDICAL CENTER reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to EMINENT MEDICAL CENTER. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I also understand that I must pass a criminal background check. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed. I understand that the licenses and education that I have represented in this application need to be current and valid as a condition of hire.

I further understand that EMINENT MEDICAL CENTER may contact my previous employers. I authorize those employers to disclose to EMINENT MEDICAL CENTER all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to EMINENT MEDICAL CENTER and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide EMINENT MEDICAL CENTER with any pertinent information they may have regarding me.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to EMINENT MEDICAL CENTER is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I further agree that to the fullest extent allowed by law, any controversy, claim or dispute between me and EMINENT MEDICAL CENTER, and/or any of its related entities, facilities, centers, holding companies, parents, subsidiaries, divisions, officers, shareholders, directors, employees, agents, insurers, predecessors, successors, and assigns (collectively, "EMINENT MEDICAL CENTER") relating to or arising out of my employment or the cessation of that employment will be submitted to final and binding arbitration. Such arbitration shall be before a neutral arbitrator in the county in which I worked for determination in accordance with the American Arbitration Association (AAA) Employment Arbitration Rules and Procedures, including any subsequent modifications or amendments to such Rules, as the exclusive remedy for such controversy, claim or dispute. (A copy of the most current AAA Rules may be obtained from the Corporate Human Resources Department or by visiting www.adr.org/rulesandprocedures.com). Nothing in this agreement shall be deemed to alter any statutory obligation I may have to exhaust administrative remedies prior to filing a claim. In any such arbitration, the parties may conduct discovery to the same extent as would be permitted in a court of law. The arbitrator shall issue a written decision stating the essential findings and conclusions on which the award is based, and shall have full authority to award all remedies that would be available in court. EMINENT MEDICAL CENTER shall pay all arbitrators' fees and any arbitration administrative expenses. Any judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. This arbitration agreement covers all employment-related claims including, but not limited to, claims for unpaid wages, breach of contract, torts, violation of public policy, discrimination, harassment, or any other employment-related claim under any state or federal statutes or laws relating to an employee's relationship with his/her employer, regardless of whether such dispute is initiated by me or EMINENT MEDICAL CENTER. This Agreement also covers any and all claims that EMINENT MEDICAL CENTER may have against me, including claims for misappropriation of EMINENT MEDICAL CENTER property, disclosure of proprietary information or trade secrets, gross negligence, or any other claim for alleged wrongful conduct. Both EMINENT MEDICAL CENTER and I waive any right to pursue claims in arbitration on a class basis, as a collective action, or as a representative action. Notwithstanding the foregoing, claims for workers' compensation benefits and unemployment insurance, those arising under a union collective bargaining agreement or the National Labor Relations Act, discrimination or wage claims filed with a state or federal governmental agency, or any other claims where mandatory arbitration is prohibited by law, are not covered by this arbitration agreement, and such claims may be presented to the appropriate court or governmental agency. This Arbitration

Agreement is governed by and enforceable under the Federal Arbitration Act ("FAA"). If for any reason the FAA is held not to apply to this Arbitration Agreement or any portion of it, the Arbitration Agreement shall, to that extent, be governed

by and enforceable under the laws of the state in which I was last employed by EMINENT MEDICAL CENTER. BY AGREEING TO THIS BINDING MUTUAL ARBITRATION PROVISION, BOTH EMINENT MEDICAL CENTER AND I GIVE UP ALL RIGHTS TO A TRIAL BY JURY.

Applicant Certification and Agreement (continued)

If hired, I agree that my employment is at-will which means that either EMINENT MEDICAL CENTER or I may terminate the employment relationship at any time with or without cause or prior notice. I understand that the at-will nature of my employment with EMINENT MEDICAL CENTER may not be changed except by a written document signed by me and an executive officer of EMINENT MEDICAL CENTER.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A REPRESENTATIVE OF EMINENT MEDICAL CENTER BEFORE SIGNING. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS AND VOLUNTARILY AGREE TO THEM.

Signature of Applicant

Date

Print Name

Position Applied For:

Location:

Interviewer:



**1351 W. President George Bush HWY
Richardson, Texas 75080**