



Muleshoe Area Medical Center
 708 South First Street
 Muleshoe, TX 79347

Telephone: (806) 272-4524

Fax: (806) 272-4938

APPLICATION FOR EMPLOYMENT

All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital status, the presence of a non-job related disability or any other legally protected status.

Please Print in Ink

PERSONAL

Last Name		First Name		Middle	
Current/Mailing Address				E-mail Address	
City		State		Zip	
Social Security Number		Home Telephone Number		Cellular Telephone Number	
Best time to contact you: _____ a.m. _____ p.m.		Date available for work:		Are you applying for: Full-time Regular Part-time Temporary	
Would you consider working: Weekends & Holidays YES NO Rotating Shifts YES NO On Call YES NO Any Shift YES NO		Shift Preference: Days Evenings Nights		Are you a U.S. citizen or an alien legally authorized to work in the United States? YES NO If employed, I understand I am required to complete Form I-9 to show evidence of identity and eligibility for employment.	
Position Applied for:				Salary desired:	
How did you learn about this position?					
Relative or friends employed here? YES NO		Name:		Dept: Relationship:	
Have you been employed here in the past? YES NO		If yes, when:			
Are you 18 years of age or older? YES NO		Long Range Occupational Goals:			
Have you ever been convicted of, or plead guilty to a crime (excluding misdemeanor traffic violations)?		YES NO			
If yes, explain:					
Have you ever been involuntarily terminated or asked to resign from any position of employment?		YES NO			
If yes, please describe circumstances:					

EDUCATION/SKILLS

School	Name and Address of School	Course of Study	Last year completed	Did you graduate?	List diploma or degree
High			1 2 3 4	YES NO	
College			1 2 3 4	YES NO	
College			1 2 3 4	YES NO	

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right.

In the event of employment, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Signature of Applicant

Date

PLEASE ATTACH RESUME'