



RICE MEDICAL CENTER  
Pre-Employment Certification/Release

I understand and agree to the fact that employment at Rice Medical Center/Rice Medical Associates is conditional upon a review of my qualifications (if applicable), references, pre-employment testing that the information given by me on my application; resume or vita is true, accurate and complete. I understand that such verification may include but may not be limited to background information pertinent to the position for which I have applied, including verification of licensure, verification of academic records, verification of employment, and investigation of criminal history.

I further understand that if I have given any false information on this resume or if I have omitted any pertinent facts, I may be disqualified from employment with Rice Medical Center/Rice Medical Associates, or if hired, I may be discharged immediately upon discovery of such false statements or omissions.

I authorize my current and all previous employers to cooperate with Rice Medical Center/Rice Medical Associates and to release, on a confidential basis, any information they may have concerning me, including information contained in my personnel record or otherwise know by them to Rice Medical Center/Rice Medical Associates in connection with my application for employment with Rice Medical Center/Rice Medical Associates. I specifically release from liability any current or former employer, its agents, representatives, employees, officers or directors for giving such information to Rice Medical Center/Rice Medical Associates.

- Must be a citizen of the U.S. or alien authorized to work in the U.S.
- Must be at least 18 years old.
- Must be able to perform the essential functions of the position applied for, with or without reasonable accommodation.
- Must be able to pass PT assessment, pre-employment drug test.

PLEASE PRINT CLEARLY

NAME:

LICENSE(s):

SOCIAL SECURITY#:

DRIVER'S LICENSE STATE:

LICENSE#:

Position(s) applied for:

Signature

Date

## Rice Medical Center EMPLOYMENT APPLICATION

Separate application must be submitted for each job applied for (photocopies acceptable).



Equal Opportunity Employer  
Affirmative Action Employer

Where to find Vacancy information:

- Job Bulletin
- Job Line – 979-234-5571
- Human Resources Department

Can you submit proof of the right to work in the U.S. if hired?

FOR HUMAN RESOURCES USE ONLY		
_____	/	/
Signature of Screener	Date	
<input type="checkbox"/> Update <input type="checkbox"/> Inc. <input type="checkbox"/> Pending <input type="checkbox"/> Hire		

POSITION APPLIED FOR	
Department: _____	
Job Title: _____	
Starting Salary: _____	
Date you are Available for Employment: _____	
Are you a CURRENT RMC/RMA Employee? _____	
Are you a FORMER RMC/RMA Employee? _____	

INSTRUCTIONS
<ul style="list-style-type: none"> <li>• Please read the instruction sheet. Complete the application in its entirety. Incomplete applications will not be processed.</li> <li>• Specify the position for which you are applying. <b>(NOTE: A separate application must be submitted for each vacancy. Photocopies are acceptable.)</b></li> <li>• Sign your name in the Certification Section (page 3).</li> <li>• Submit your application to:  <div style="margin-left: 20px;"> <b>DEPARTMENT OF HUMAN RESOURCES</b>  <b>P.O. BOX 277 – 600 S. AUSTIN ROAD</b>  <b>EAGLE LAKE, TEXAS 77434</b> </div> </li> <li>• All applications will be kept on file for one (1) year to the date received. <b>It is your responsibility to update the application before the date expires.</b></li> </ul>

HOW DO WE CONTACT YOU?	
YOUR NAME _____	
SOCIAL SECURITY NUMBER _____	
YOUR ADDRESS _____	
CITY _____	COUNTY _____ STATE _____ ZIP CODE _____
HOME PHONE _____	WORK OR BUSINESS PHONE _____
EMERGENCY CONTACT _____	EMERGENCY CONTACT NUMBER _____

EDUCATION – Indicate Highest Grade Completed:

- Grade School (1-8)   
  High School (9-12)   
  GED   
  College (1-4)   
  Graduate School (1-4)

HIGH SCHOOL	
Name: _____	Location: _____
Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Certification of Completion <input type="checkbox"/> GED <input type="checkbox"/> None. Highest Grade Completed: _____	
Your name, if different while attending school: _____	

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MM / YYYY)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		From	To	Qtr	Sem		

Your name, if different while attending school: \_\_\_\_\_

OTHER TRAINING OR COURSE OF WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MM / YYYY)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		From	To	Qtr	Sem		

Your name, in different while attending school: \_\_\_\_\_

## KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List (KSAs) and certifications you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s) etc. \_\_\_\_\_  
\_\_\_\_\_

## DRIVERS LICENSE

State of Issuance: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Driver's License Type:  None  Operators  Commercial  Chauffeurs Expiration Date: \_\_\_\_\_

## BACKGROUND INFORMATION

1. Have you ever been convicted of a crime other than a traffic misdemeanor?  YES  NO

Where were you convicted? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

2. IF Yes, explain \_\_\_\_\_

Where did you plead? \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offenses in relation to the position for which you are applying are considered.

## CITIZENSHIP / AUTHORIZATION TO WORK

Are you a U.S. citizen or are you authorized to work in the U.S.?  YES  NO

NOTE: If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

## RELATIVES

To your knowledge, do you have any relatives working for Rice Medical Center / Rice Medical Associates?  YES  NO

If "YES," Name(s): \_\_\_\_\_ Relationship(s): \_\_\_\_\_

Department(s) where employed: \_\_\_\_\_

## U.S. MILITARY SERVICE

Did you serve in the military?  YES  NO

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Nature of Assignment: \_\_\_\_\_

## CERTIFICATION

I understand that any omissions, falsifications, misstatements, or misrepresentation of the information provided by me may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that misrepresentation or omissions of facts is cause for dismissal. I understand that any information I provide may be investigated as allowed by law and that the hospital performs a background check including my past employment and/or education. I authorize this check.

I understand that I may be assigned to work different hours, including nights and weekends and/or overtime during the course of my employment, that the amount of work available is subject to business demands and patient census and the number of hours worked may be changed on a weekly basis.

I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the city, government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted to RMC/RMA employment are public records except as exempted above. I certify that to the best of my knowledge and belief that all of the statements contained herein and on any attachments are true, correct, complete and made in good faith.

I agree to comply with Hospital regulations, rules and policies and acknowledge that these rules, regulations, and policies may be changed or supplemented at any time. I further understand that if I am selected to fill a safety-sensitive position, prior to appointment, I will be required to successfully pass a pre-employment drug test and other pre-employment testing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMPLOYMENT HISTORY****PERIODS OF EMPLOYMENT**

Describe your work experience in detail beginning with your **PRESENT** or most recent job, and describe all periods of employment and periods of unemployment if longer than six months. Be sure to provide complete information regarding each position. If appropriate, indicate number of employees supervised. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties.

All employment information must be filled out in this section. Resumes and other attachments may be provided as supplemental information, but will not be acceptable in place of filling out this section.

May we contact your current employer?  YES  NO      May we contact your former employer(s)?  YES  NO

**1**

NAME OF PRESENT OR LAST EMPLOYER		( ) -	
ADDRESS		PHONE NUMBER	
YOUR JOB TITLE		SUPERVISOR'S NAME	
FROM	TO	FULL-TIME HOURS PER WEEK	PART-TIME HOURS PER WEEK
SALARY		YOUR NAME IF DIFFERENT DURING EMPLOYMENT	
DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			

**2**

NAME OF PRESENT OR LAST EMPLOYER		( ) -	
ADDRESS		PHONE NUMBER	
YOUR JOB TITLE		SUPERVISOR'S NAME	
FROM	TO	FULL-TIME HOURS PER WEEK	PART-TIME HOURS PER WEEK
SALARY		YOUR NAME IF DIFFERENT DURING EMPLOYMENT	
DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			

**3**

NAME OF PRESENT OR LAST EMPLOYER		( ) -	
ADDRESS		PHONE NUMBER	
YOUR JOB TITLE		SUPERVISOR'S NAME	
FROM	TO	FULL-TIME HOURS PER WEEK	PART-TIME HOURS PER WEEK
SALARY		YOUR NAME IF DIFFERENT DURING EMPLOYMENT	
DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			

**4**

NAME OF PRESENT OR LAST EMPLOYER		( ) -	
ADDRESS		PHONE NUMBER	
YOUR JOB TITLE		SUPERVISOR'S NAME	
FROM	TO	FULL-TIME HOURS PER WEEK	PART-TIME HOURS PER WEEK
SALARY		YOUR NAME IF DIFFERENT DURING EMPLOYMENT	
DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			

5

NAME OF PRESENT OR LAST EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER ( ) - \_\_\_\_\_

YOUR JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ FULL-TIME HOURS PER WEEK \_\_\_\_\_ PART-TIME HOURS PER WEEK \_\_\_\_\_

SALARY \_\_\_\_\_ YOUR NAME IF DIFFERENT DURING EMPLOYMENT \_\_\_\_\_

DUTIES & RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

6

NAME OF PRESENT OR LAST EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER ( ) - \_\_\_\_\_

YOUR JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ FULL-TIME HOURS PER WEEK \_\_\_\_\_ PART-TIME HOURS PER WEEK \_\_\_\_\_

SALARY \_\_\_\_\_ YOUR NAME IF DIFFERENT DURING EMPLOYMENT \_\_\_\_\_

DUTIES & RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

7

NAME OF PRESENT OR LAST EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER ( ) - \_\_\_\_\_

YOUR JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ FULL-TIME HOURS PER WEEK \_\_\_\_\_ PART-TIME HOURS PER WEEK \_\_\_\_\_

SALARY \_\_\_\_\_ YOUR NAME IF DIFFERENT DURING EMPLOYMENT \_\_\_\_\_

DUTIES & RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

8

NAME OF PRESENT OR LAST EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER ( ) - \_\_\_\_\_

YOUR JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ FULL-TIME HOURS PER WEEK \_\_\_\_\_ PART-TIME HOURS PER WEEK \_\_\_\_\_

SALARY \_\_\_\_\_ YOUR NAME IF DIFFERENT DURING EMPLOYMENT \_\_\_\_\_

DUTIES & RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

9

NAME OF PRESENT OR LAST EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER ( ) - \_\_\_\_\_

YOUR JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ FULL-TIME HOURS PER WEEK \_\_\_\_\_ PART-TIME HOURS PER WEEK \_\_\_\_\_

SALARY \_\_\_\_\_ YOUR NAME IF DIFFERENT DURING EMPLOYMENT \_\_\_\_\_

DUTIES & RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME OF PRESENT OR LAST EMPLOYER		( ) -	
ADDRESS		PHONE NUMBER	
YOUR JOB TITLE		SUPERVISOR'S NAME	
FROM	TO	FULL-TIME HOURS PER WEEK	PART-TIME HOURS PER WEEK
SALARY		YOUR NAME IF DIFFERENT DURING EMPLOYMENT	
DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			

**\*\*\*\*\* FOR COMPANY USE ONLY \*\*\*\*\***

**REFERENCE CHECKS:**

**Please complete reference checks prior to hiring. Refer to policy for acceptable personal references if former employers are not available. Complete whatever information the reference can/will provide.**

NAME OF CONTACT PERSON		RELATIONSHIP	
NAME OF COMPANY		POSITION	
DATES OF EMPLOYMENT		POSITION HELD	
FORMER SALARY	WOULD THEY REHIRE?	YES	NO, WHY NOT?
ADDITIONAL INFORMATION			

NAME OF CONTACT PERSON		RELATIONSHIP	
NAME OF COMPANY		POSITION	
DATES OF EMPLOYMENT		POSITION HELD	
FORMER SALARY	WOULD THEY REHIRE?	YES	NO, WHY NOT?
ADDITIONAL INFORMATION			

NAME OF CONTACT PERSON		RELATIONSHIP	
NAME OF COMPANY		POSITION	
DATES OF EMPLOYMENT		POSITION HELD	
FORMER SALARY	WOULD THEY REHIRE?	YES	NO, WHY NOT?
ADDITIONAL INFORMATION			