



# Application for Employment

Date:

600 Hospital Circle, Bay City, TX 77414

An Equal Opportunity Employer

The policies of these institutions prohibit discrimination in employment because of race, color, religion, national origin, sex, disability, age 40 and over, disabled or Vietnam era veteran status.

Email your completed application and all supporting documentation to [careers@matagordamedical.com](mailto:careers@matagordamedical.com)

PERSONAL					
LAST NAME	FIRST	MIDDLE	OTHER NAME(S)	HOME PHONE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS STREET & NUMBER			CITY	STATE	ZIP
					CELL PHONE
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, TYPE OF WORK AUTHORIZATION DOCUMENT:		EXPIRATION DATE:	
LAST PREVIOUS STREET ADDRESS:		APT. NO	CITY	STATE	ZIP CODE
					DATES OF RESIDENCE
EMAIL ADDRESS:					
JOB DATA					
POSITION DESIRED:					
1.		2.			
SEEKING	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	WILLING TO WORK OFF SHIFTS	WILLING TO WORK OVERTIME	AVAILABLE TO WORK WEEKENDS	SALARY REQUIRED
		LIST SHIFT PREFERENCE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU PRESENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PREVIOUSLY EMPLOYED BY MATAGORDA MEDICAL GROUP?	DATE AVAILABLE FOR WORK
				<input type="checkbox"/> YES DATES: <input type="checkbox"/> NO	
U.S. MILITARY					
BRANCH OF SERVICE		DATE ENTERED	DATE OF DISCHARGE	RANK AT DISCHARGE	
NATURE OF DUTIES AND SPECIAL TRAINING RECEIVED:					
EDUCATION AND TRAINING					
PLEASE INDICATE ANY EDUCATION, VOCATIONAL, ON-THE-JOB, 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.					
HIGH SCHOOL	NAME OF SCHOOL	LOCATION OF SCHOOL	DIPLOMA, DEGREE AND/OR TRAINING RECEIVED	MAJOR/MINOR	
COLLEGE					
GRADUATE SCHOOL					
OTHER SCHOOLS					
FOREIGN LANGUAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK					
TYPING SPEED WPM	PLEASE LIST COMPUTER HARDWARE/SOFTWARE, AND ANY OTHER OFFICE EQUIPMENT USED:				
ARE YOU REGISTERED, CERTIFIED, OR LICENSED FOR ANY PROFESSION, SKILL, OR TRADE? PLEASE SPECIFY			LICENSE NO.	STATE	YEAR OBTAINED
					EXPIRATION DATE
DO YOU HAVE ANY STIPULATIONS AGAINST YOUR LICENSE?			IF YES, EXPLAIN		
<input type="checkbox"/> YES					
<input type="checkbox"/> NO					

**GENERAL**

HAVE YOU EVER BEEN CONVICTED OF OR BEEN ON DEFERRED ADJUDICATION FOR, OR ARE YOU NOW EITHER AWAITING TRIAL FOR OR ON DEFERRED ADJUDICATION FOR, A FELONY OR MISDEMEANOR?  YES  NO  
 IF YES, DESCRIBE IN FULL, INCLUDING DATES AND LOCATIONS.

CONVICTION WILL NOT NECESSARILY BAR EMPLOYMENT.

**WORK EXPERIENCE**

**INSTRUCTIONS:** LIST BELOW YOUR EMPLOYMENT HISTORY, BEGINNING WITH YOUR **MOST RECENT EMPLOYER**. ACCOUNT FOR ALL PERIODS OF TIME INCLUDING ANY PERIODS OF UNEMPLOYMENT AND THE REASONS THEREOF. REQUESTED INFORMATION MUST BE COMPLETED, EVEN IF RESUME ACCOMPANIES APPLICATION.

NAME OF EMPLOYER		TYPE OF BUSINESS	STREET ADDRESS	
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YOUR NAME AS IT APPEARED IN EMPLOYER'S RECORDS		CITY, STATE, ZIP CODE	
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FROM MONTH	YEAR	TO MONTH	YEAR	STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	TELEPHONE

JOB TITLE(S)	REASON FOR LEAVING
DESCRIPTION OF DUTIES	

NAME OF EMPLOYER		TYPE OF BUSINESS	STREET ADDRESS	
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YOUR NAME AS IT APPEARED IN EMPLOYER'S RECORDS		CITY, STATE, ZIP CODE	
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FROM MONTH	YEAR	TO MONTH	YEAR	STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	TELEPHONE

JOB TITLE(S)	REASON FOR LEAVING
DESCRIPTION OF DUTIES	

IF YOU HAVE ADDITIONAL PLACES OF EMPLOYMENT, ASK FOR AN ADDITIONAL APPLICATION

HOW WERE YOU REFERRED TO MMG?

- EMPLOYEE REFERRAL - NAME \_\_\_\_\_
- NEWSPAPER AD \_\_\_\_\_ (PLEASE BE SPECIFIC)
- FORMER EMPLOYEE OF MMG \_\_\_\_\_
- OTHER - EXPLAIN \_\_\_\_\_

DO YOU HAVE RELATIVES EMPLOYED AT MMG?  YES  NO

IF SO, WHO? \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

RELATIONSHIP? \_\_\_\_\_

I hereby certify that the information I supplied in this application is true, complete, and correct to the best of my knowledge, and I understand that any information I withheld or falsely provided in connection with the foregoing application shall be cause for rejection of this application or termination of employment. I hereby authorize Matagorda Medical Group and its parent organization (referred to collectively as MMG), without liability, to contact prior employers (present employers if authorized), schools or references I have given and authorized said employers, schools or references to make full response to any inquiries by MMG in connection with this application for Employment, including police records. I agree to observe and abide by all rules, regulations, policies and procedures of MMG.

**I UNDERSTAND AND AGREE THAT IF EMPLOYED, MY EMPLOYMENT WITH MMG WILL BE AN "AT WILL" RELATIONSHIP AND MY EMPLOYMENT MAY BE TERMINATED BY ME OR MMG AT ANY TIME WITHOUT NOTICE, WITH OR WITHOUT CAUSE. I ALSO UNDERSTAND AND AGREE THAT THE "AT WILL" NATURE OF THIS RELATIONSHIP CANNOT BE MODIFIED EXCEPT BY SPECIFIC WRITTEN CONDITIONS OF MY EMPLOYMENT, INCLUDING MY COMPENSATION AND BENEFITS, CAN BE CHANGED OR TERMINATED WITHOUT CAUSE OR NOTICE AT ANY TIME BY MMG, AND THAT THE EMPLOYEE HANDBOOK, POLICY MANUAL, OR OTHER MMG COMMUNICATIONS TO EMPLOYEES ARE NOT TO BE CONSTRUED AS CREATING ANY FORM OF CONTRACT OR EMPLOYMENT AGREEMENT BETWEEN THE UNDERSIGNED AND MMG.**

I understand and agree, that as a condition of employment I will be required to pass a scheduled drug/alcohol screening.  
*Matagorda Medical Group promotes a smoke and drug free environment.*

I HAVE READ, UNDERSTAND, AND AGREE TO THE FOREGOING PARAGRAPHS.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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