



Please download and print this application.
Once completed, email the application to
contact-admin@freestonemc.com
Or fax the completed application to 903-389-1601

125 Newman Street * Fairfield, TX 75840 * 903-389-2121

Employment Application

PERSONAL INFORMATION

Name (Last, First, MI):		Date:	
Street Address:		email:	
City, State Zip:		Phone No.:	
Position Applied for:			

Can you perform the essential functions of the position for which you are applying?	YES [] NO []
If no, please explain (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question):	

When are you available to begin work?		
Are you legally eligible to be employed in the United States? (Proof of identity and eligibility will be required upon employment)	YES [] NO []	
Are you over the age of 18 years? (If no, you may be required to provide authorization to work.)	YES [] NO []	
Have you ever worked for this Company before?	YES [] NO []	
If yes, where?	When?(give dates)	Job Title:
Do you have any relatives or friends who work for the Company?	YES [] NO []	
If yes, who and where do they work?		

Have you ever done any volunteer work?	
If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)	
Are you available to work (check all that apply):	DAYS [] NIGHTS [] WEEKENDS [] FULL TIME []
If you cannot work full time, please explain:	

Days and Hours Available: (If employed, notification must be provided in writing should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed?	YES [] NO []
If yes, may we contact your employer?	YES [] NO []
If presently employed, why are you considering leaving?	

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying?	YES [] NO []
If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)	

Account for any full month since leaving school (high school or college) that you were not working:

	From	To	Reason
Mo/Yr			
Mo/Yr			
Mo/Yr			

EDUCATION

	Name & Location of School	Course of Study	No. of years completed	Diploma or Degree Received
High School				
College				
Graduate Work				
Vocational or Trade School				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying?	YES [] NO []
If yes, please describe:	

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT

Start with your current or most recent position

Name of Employer:		Phone No.:	
Full Address:	(Include Street, City, State & Zip)	Supervisor's Name & Title	
Dates Employed	From (mm/dd/yy):	To (mm/dd/yy):	
Describe the Work Performed:			

Name of Employer:		Phone No.:	
Full Address:	(Include Street, City, State & Zip)	Supervisor's Name & Title	
Dates Employed	From (mm/dd/yy):	To (mm/dd/yy):	
Describe the Work Performed:			

Name of Employer:		Phone No.:	
Full Address:	(Include Street, City, State & Zip)	Supervisor's Name & Title	
Dates Employed	From (mm/dd/yy):	To (mm/dd/yy):	
Describe the Work Performed:			

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES

Give three references (not relatives or employers)

Name:		Occupation:	
Full Address:	(Include Street, City, State & Zip)	Phone No.:	

Name:		Occupation:	
Full Address:	(Include Street, City, State & Zip)	Phone No.:	

Name:		Occupation:	
Full Address:	(Include Street, City, State & Zip)	Phone No.:	

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____

DO NOT WRITE BELOW THIS LINE

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____

Department: _____

Date beginning Employment: _____

Compensation \$ _____ per _____

Interviewed by: _____

Date: _____

BACKGROUND CHECK DISCLOSURE

The Company Fairfield Hospital District/dba Freestone Medical Center may order a “consumer report” (a background report) on you in connection with your employment application and, if you are hired or if you already work for the Company, may order additional background reports on you for employment purposes.

The Company may also order an “investigative consumer report.” An “investigative consumer report” is a background report that includes information from personal interviews, most commonly from an applicant’s prior employers and references. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history and credit standing. Information may be obtained from private and public-record sources and, for investigative consumer reports, from personal interviews as noted above.

You have the right to request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company, the Company’s management or the Company’s Human Resources representative.

WORKSITE EMPLOYEE NAME (PRINT)

WORKSITE EMPLOYEE SIGNATURE

DATE(MM/DD/YY)

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK. PLEASE
PROCEED TO THE NEXT DOCUMENT: THE FCRA SUMMARY OF RIGHTS**

BACKGROUND CHECK AUTHORIZATION

By signing below, I authorize Fairfield Hospital District/dba Freestone Medical Center, (also referred to as “the Company” for the purposes of this agreement), to order my background check, including investigative consumer reports. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports without asking me for my authorization again at any time during my employment.

I also authorize all of the following to disclose to the consumer reporting agency and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization or agency with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents, as allowed by law, includes but is not limited to: information concerning my employment and earnings history; education; credit history; motor vehicle history; criminal history; military service; and professional credentials and licenses.

Last name: _____ First: _____ Middle: _____

Maiden name(s): _____ Years Used: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Other driver's licenses held in the past five years (include states): _____

FOR IDENTIFICATION PURPOSES ONLY

Date of birth (Month/Day/Year): _____

Current address:

Street address: _____

City/State/Zip: _____

WORKSITE EMPLOYEE NAME (PRINT)

WORKSITE EMPLOYEE SIGNATURE

DATE (MM/DD/YY)

If you live or work for the Company in California, Minnesota or Oklahoma, check this box if you would like a free copy of your background report:

**FMC PRN WAGE DEDUCTION
AUTHORIZATION AGREEMENT (TX ONLY)**

I understand and agree that my employer, Fairfield Hospital District, DBA Freestone Medical Center (the Company), has offered me conditional employment as a PRN employee subject to successfully passing a background check and drug screen.

Payment of Pre-Employment Background Check and Drug Screen for PRN Employees

1. I understand that I am responsible for the full cost of my pre-employment background check and drug screen and authorize the Company to deduct the cost of these tests from my initial paycheck(s) up to \$100.00.
2. I understand and agree that I will be fully reimbursed for these costs if I am available and report to work for a minimum of 2 shifts per month over a 3- month period starting with my first assignment.
3. I understand and agree that if I do not meet the requirements of #2 above, I will forfeit any and all reimbursements for these costs.

I understand the terms of this agreement and agree that the Company may deduct money from my pay as stated above. I further understand that the Company has stated its intention to abide by all applicable federal and Texas wage and hour laws and, that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate Texas and federal agencies.

Employee Signature		Date
Employee Name (Print)		