

Application For Employment

As an Equal Opportunity Employer, Baylor Medical Center at Frisco prohibits discrimination in employment on the basis of race, color, religion, national origin, gender, disability or age.



5601 Warren Parkway
Frisco, Texas 75034

To apply online go to www.baylorfrisco.com

PERSONAL INFORMATION

Print or Type clearly and neatly.

LAST NAME		FIRST NAME		MIDDLE NAME	PREFERRED NAME	SOCIAL SECURITY NUMBER
MAILING ADDRESS						HOME PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS		ALTERNATE PHONE	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?						
WHO MAY WE CONTACT IN CASE OF AN EMERGENCY?				Telephone Number:		

POSITION INFORMATION

Candidates may apply for **one** position per application.

POSITION TITLE	JOB NO./LOCATION	SEEKING		
		Full-Time	Part-Time	PRN/Supplemental
TOTAL YEARS OF EXPERIENCE IN POSITION APPLYING FOR:		SHIFT AVAILABILITY		
		Day	Evenings	Rotating Schd Any
TARGET SALARY	TARGET START DATE	WEEKEND AVAILABILITY		
		Every Weekend	Alter. Weekends	No Weekends
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT Baylor Medical Center at Frisco or USPI BEFORE?		When	Disposition	

EDUCATION and TRAINING

	Graduation Date	Name of Institution and Location	Degree/Program
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
TRADE SCHOOL			

LIST ANY SPECIAL SKILLS WHICH YOU ARE QUALIFIED AND EXPERIENCED (e.g. Typing, Software, Etc.)

PROFESSIONAL CREDENTIAL(S)/AFFILIATION(S)

CERTIFICATION/LICENSURE	ACCREDITING ORGANIZATION	EXPIRATION DATE	PROFESSIONAL MEMBERSHIP

Has your license (in any jurisdiction that you may have been licensed in) ever been investigated, suspended or revoked?

If yes, please detail the circumstances and the final outcome: (An affirmative answer will not disqualify you from being considered as a candidate for employment).

HEALTH CARE SPECIALTY

AREA	YEARS EXPERIENCE
AREA	YEARS EXPERIENCE
AREA	YEARS EXPERIENCE
AREA	YEARS EXPERIENCE
AREA	YEARS EXPERIENCE

PLEASE INDICATE WHICH OF THE FOLLOWING CREDENTIALS YOU CURRENTLY HOLD

CPR	Exp. Date	OCN	Exp. Date
ACLS	Exp. Date	CNOR	Exp. Date
PALS	Exp. Date	CRRN	Exp. Date
NALS	Exp. Date	CCRN	Exp. Date
CEN	Exp. Date	EKG Course	Completion Date
Other	Exp. Date	Critical Care Course	Completion Date
IV Therapy Course	Completion Date	Other Courses	Completion Date

LIST ANY OTHER EDUCATION TRAINING, SPECIAL SKILLS or CERTIFICATES/LICENSES THAT YOU POSSESS THAT ARE RELATED TO THIS JOB.

GENERAL INFORMATION

LIST ANY FOREIGN LANGUAGES THAT YOU FLUENTLY SPEAK.	READ	WRITE	SPEAK

MILITARY EXPERIENCE? If YES, what branch? Rank:
 FROM _____ to _____ LIST DUTIES IN SERVICE

CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK PERMANENTLY IN THE UNITED STATES?

ARE YOU 16 YEARS OLD OR OVER? IF UNDER 18, STATE AGE:

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST TO A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500 DURING THE LAST TEN YEARS? (Criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements.) IF YES, PLEASE EXPLAIN.

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THIS POTENTIAL JOB?

DO YOU REQUIRE ANY ACCOMMODATION TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB?
 IF YES, PLEASE EXPLAIN.

IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?

HAVE YOU EVER PREVIOUSLY BEEN EMPLOYED BY BMCF, USPI OR ANY OF ITS AFFILIATED COMPANIES?

IF YES, WHAT WERE YOUR DATES OF EMPLOYMENT?

IF YES, WHAT WAS THE NAME OF THE FACILITY?

IF YES, WHAT WAS YOUR NAME WHEN YOU WERE PREVIOUSLY EMPLOYED?

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN EXCLUDED, SUSPENDED, OR OTHERWISE BEEN INELIGIBLE FOR PARTICIPATION IN FEDERAL PROGRAMS, OR DO YOU HAVE A CONTROLLING INTEREST IN AN ENTITY THAT HAS BEEN SO EXCLUDED OR SUSPENDED? HAVE YOU EVER BEEN SANCTIONED, DISCIPLINED, DEBARRED, AND/OR EXCLUDED BY A DULY AUTHORIZED AGENCY, OR ARE THERE CURRENT RESTRICTIONS/LIMITS ON YOUR LICENSE OR CERTIFICATION?
 IF YES, PLEASE EXPLAIN.

HAVE YOU HELD JOBS IN THE PAST TEN YEARS OTHER THAN THOSE LISTED ON THIS APPLICATION?

HAVE YOU EVER BEEN TERMINATED FROM A JOB OR RESIGNED FROM A JOB AS AN ALTERNATIVE TO TERMINATION?

HAVE YOU EVER BEEN DISCIPLINED OR WARNED BY AN EMPLOYER FOR EXCESSIVE ABSENCE, LATENESS, OR POOR JOB PERFORMANCE?

IF YES, WHICH ONE?

ARE YOU PRESENTLY UNDER AN EMPLOYMENT CONTRACT? IF YES, WHEN DOES IT EXPIRE?

DO YOU CURRENTLY HAVE ANY RELATIVE(S), OR PERSONS WITH WHOM YOU ARE INVOLVED IN A CLOSE PERSONAL RELATIONSHIP, EMPLOYED BY BMCF?

IF YES, LIST:

EMPLOYMENT HISTORY

List all positions held in the past ten years, beginning with most recent employment.

NAME OF COMPANY/ORGANIZATION		TYPE OF COMPANY/BUSINESS/INDUSTRY		CITY/STATE	
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START DATE	END DATE	JOB TITLE		REASON FOR LEAVING	
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STARTING SALARY	FINAL SALARY	YOUR NAME WHEN EMPLOYED	SUPERVISOR NAME	SUPERVISOR TELEPHONE	
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NAME OF COMPANY/ORGANIZATION		TYPE OF COMPANY/BUSINESS/INDUSTRY		CITY/STATE	
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STARTING SALARY	FINAL SALARY	YOUR NAME WHEN EMPLOYED	SUPERVISOR NAME	SUPERVISOR TELEPHONE	
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Please give explanation of any lapses in employment dates above:

PROFESSIONAL REFERENCES

List three individuals - minimum of two (2) supervisory references.

	NAME AND ADDRESS	OCCUPATION	PHONE
1			
2			
3			

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, race, religion, color, national origin or handicap).

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY.

By signing below, I certify that the information I have provided on this application is true and correct to the best of my knowledge, and I understand that any misrepresentation or willful omission of facts shall be cause for rejection of this application or termination. I also certify that I have read, understand, and authorize any person, agency, or other entity contacted by Baylor Medical Center at Frisco or its agents to furnish the information listed below.

I hereby authorize Baylor Medical Center at Frisco to conduct work history, education, personal reference or police record inquiries to determine my acceptability for employment. I authorize Baylor Medical Center at Frisco and its agents to procure a consumer report and/or investigate consumer report about my background, character or reputation, including but not limited to information as to my employment, education, consumer credit history (if appropriate for certain job descriptions), driving record, social security number verification, criminal record, and/or other public record history. I authorize all persons to fully disclose information relevant to this investigation. I release from liability all persons, companies, and government or other agencies disclosing such information. I further authorize a photocopy of this authorization to be considered an original.

I understand that this employer agrees that it will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under this employer's workers' compensation insurance policy.

I understand, and agree that as a condition of employment, I will be required to submit to an employment physical examination and a drug screen, and other physical examinations consistent with law during my employment at Baylor Medical Center at Frisco. I may, at the discretion of Baylor Medical Center at Frisco be required to submit to a drug screen upon request during my employment. I further agree, if employed, to observe all rules, regulations and policies of Baylor Medical Center at Frisco. Additionally, I comprehend Baylor Medical Center at Frisco commitment to its Code of Conduct, Compliance Plan and anti-harassment policies and further agree, if employed, to carefully review and abide by these policies. If I am employed at Baylor Medical Center at Frisco, I understand that my employment can be terminated without cause and without notice, at any time, at the option of Baylor Medical Center at Frisco.

APPLICANT SIGNATURE:

DATE:

REFERRAL SOURCE

INDICATE SPECIFICALLY HOW YOU HEARD ABOUT POSITION OPENINGS WITH Baylor Medical Center at Frisco.

Rehire: Internet: BMFC.com: Referral: Other:

FOR INTERNAL PURPOSES ONLY

Application Received By	Application Forward To	Date Forwarded	Comments