

Full Name: _____
Last Name First Name Middle Name

Social Security #: _____

Position[s] Applied for: _____

Date: _____

LLANO REGIONAL HOSPITAL

IS AN EQUAL OPPORTUNITY EMPLOYER.

It is the policy of Llano Regional Hospital to provide equal employment opportunities without regard to race, color, religion, sex, natural origin, age or handicap.

PERSONAL INFORMATION

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____ Work Phone: _____

Are you at least 18 years of age? ☐ Yes ☐ No May we contact you at work? ☐ Yes ☐ No

Are you legally eligible for employment in the U.S.? ☐ Yes ☐ No
(Proof of U.S. citizenship or status will be required upon employment)

Other names used (i.e. maiden name, etc.): _____

Date available for work: _____ Desired salary: ☐ Hourly ☐ Annual

What status are you requesting? ☐ Full-Time ☐ Part-Time ☐ PRN ☐ Temporary

What shift(s) will you work? ☐ Day ☐ Evening ☐ Night ☐ Weekends

Have you worked for Llano Regional Hospital in the past? ☐ Yes ☐ No

Are you presently charged with any violations of laws other than traffic violations? ☐ Yes ☐ No
If yes, please explain: _____

Have you been convicted of a felony within the past seven (7) years? ☐ Yes ☐ No
If yes, please explain: _____

(The existence of a conviction or pending charge will not necessarily preclude you from employment.)

Do you have family members working at the hospital? ☐ Yes ☐ No If yes, name and position: _____

EDUCATIONAL INFORMATION

Name	Location	Years Attended	Graduated	Degree/Diploma
High School			☐ Yes ☐ No	
College(s)			☐ Yes ☐ No	
College(s)			☐ Yes ☐ No	
College(s)			☐ Yes ☐ No	
Graduate School			☐ Yes ☐ No	
Other			☐ Yes ☐ No	

PROFESSIONAL REFERENCES (PLEASE GIVE FOUR NAMES OF PROFESSIONAL REFERENCES) – NO FAMILY MEMBERS

Name	Occupation/Title	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____