

EMPLOYMENT APPLICATION

THE CANCER CENTER SOUTH TEXAS ONCOLOGY HEMATOLOGY *Excellence in Patient Care.*

EQUAL OPPORTUNITY EMPLOYER / DRUG-FREE WORKPLACE

The Mission of South Texas Oncology and Hematology is to provide quality research, diagnosis, and treatment of cancers for the community of patients and clients we serve.

We offer a full range of treatment options for patients facing cancer treatment. We specialize in Medical Oncology, Hematology, Gynecologic Oncology, and Radiation Oncology, and our physicians stand ready to treat our patients with a full range of therapies including the most current research protocols. With over 100 years of combined experience, our physicians are well equipped to work with all aspects of care during patients' treatment regimens.

Our dedication to patient care is the foundation of our organization. Our technical excellence is only exceeded by our passion for the patients we serve. We are looking for exceptional individuals who have the same commitment to excellence and passion to aid us in our mission. If you believe you possess these qualities, please complete this application.

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, color, sex, religion, national origin, age, disability, or any other characteristic protected by federal, state or local law.

Name: _____ Date: _____
Last First Middle

Social Security # _____ Home Phone: _____ Cell Phone: _____

Current Address:

_____ Number Street City State Zip

Are you at least 18 Years old? Yes _____ No _____ (Applicants must be at least 18 years of age)

Desired position: _____ Full Time Part Time PRN

Do you have any relatives who work for this company? If so, list name(s), position(s), and location(s):

Were you referred by an employee? If so, whom: _____

Have you ever been previously employed by this company? Yes _____ No _____

Dates employed: _____ Position: _____

Location: _____ Reason for Leaving: _____

If hired, can you provide verification of your legal right to work in the U.S.? Yes: _____ No: _____

Have you ever been convicted of or received deferred adjudication for a criminal act? Yes: _____ No: _____

If yes, provide the nature of the offense and your age at the time of the offense: _____

Note: *A criminal record will not necessarily disqualify an applicant from consideration for employment.*

Have you ever entered a plea of guilty, nolo contendere, or no contest in a criminal proceeding against you?

Yes: _____ No: _____

If yes, provide the nature of the offense and your age at the time of the offense: _____

July 2007

Years of Experience Relevant to the Position for which you are applying: _____

Desired location: _____ Are you available to travel between locations: _____

Salary Expectations: _____ If hired, when would you be available to begin? _____

Please indicate your hours of availability by day: (Schedules may vary based on the needs of the practice)

Monday Tuesday Wednesday Thursday Friday

(Please note that school schedules must be discussed in advance. We may not be able to accommodate all class schedules)

Do you currently have or intend to add any activities, commitments, or responsibilities that may prevent you from meeting your scheduled work hours? Yes No

If yes, please explain: _____

Are you able to perform the essential functions of the position for which you are applying? Yes No

Describe any necessary accommodations: _____

List last school attended and degree, if applicable: _____

Indicate technical or specialized training: _____

Indicate any professional organizations to which you belong: _____

Indicate below if you have received any licenses or certifications:

<u>List type of licenses and/or certifications:</u>	<u>Number:</u>	<u>State:</u>	<u>Expiration Date:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Summarize special skills and qualifications from employment or other experience that may qualify you for work with our Company:

Have any formal complaints been made regarding your ability to care for a patient? If so, please describe: _____

Have you ever been terminated from a position? If so, please describe: _____

List all prior employment consecutively. Begin with current or most recent employer. Include all work history, US Military Service, self-employment, and temporary jobs. Account for all gaps in employment.

Company Name:	Phone:	Starting Date:	Starting Salary:	Starting Position:
Address:		Ending Date:	Ending Salary:	Ending Position:
Supervisor's Name and Title:		Reason for Leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Describe your job responsibilities:				
Company Name:	Phone:	Starting Date:	Starting Salary:	Starting Position:
Address:		Ending Date:	Ending Salary:	Ending Position:
Supervisor's Name and Title:		Reason for Leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Describe your job responsibilities:				
Company Name:	Phone:	Starting Date:	Starting Salary:	Starting Position:
Address:		Ending Date:	Ending Salary:	Ending Position:
Supervisor's Name and Title:		Reason for Leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Describe your job responsibilities:				
Company Name:	Phone:	Starting Date:	Starting Salary:	Starting Position:
Address:		Ending Date:	Ending Salary:	Ending Position:
Supervisor's Name and Title:		Reason for Leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Describe your job responsibilities:				

I certify that the information given on this application is true and correct. I hereby grant STOH permission to verify such information. I understand that any false statement or omission on this application or anytime during the selection process may be considered sufficient for rejection of my application. If hired, I understand that additional discovery of any misrepresentation or omission of facts on my application may be cause for my immediate dismissal, regardless of my length of service with the STOH.

I authorize STOH to obtain consumer reports and/or investigative consumer report(s), which will include personal information about me, including, but not limited to, my education, work references, criminal convictions, and for driving positions, motor vehicle information, in order to assist STOH in employment decisions.

I consent to and request that all of my present and former employers furnish to STOH, information about my employment record, including but not limited to a statement of the reason for the end of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. In giving this consent, I hereby release my present and former employers from any liability for damages arising from furnishing the requested information. I release STOH and its agents from any and all liability, claims or lawsuits in regard to the information obtained from any and all of the above-referenced sources used by STOH. I also acknowledge that from time to time, STOH may be requested to submit certain information regarding my employment or application to various local, state or federal governmental agencies; therefore, I do hereby authorize STOH to provide such information, and release STOH, its agents, assigns and subsidiaries from any liability resulting from such information.

I understand that as a result of STOH's continuing commitment to provide a drug-free workplace, I may be required to submit to a post-offer drug screen. A positive test result may be considered sufficient for rejection of my application. I understand STOH reserves the right to drug test anytime during my employment as permitted by law and that my refusal to submit to a required test will be considered grounds for immediate dismissal.

If I am hired, I agree to comply with the current policies, rules, regulations, and procedures of STOH and those policies, rules, regulations, and procedures whenever adopted or modified by STOH in the future. I understand that, if I am hired, my employment is not for any specific term and may be terminated with or without cause, with or without notice, at any time at the option of either STOH or myself. I understand that no representative of STOH other than the CEO and/or COO, in writing, has the authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the CEO and/or COO of STOH.

Applicant

Date: _____

Signature: _____

For Office Use Only:

Interviewed By/Date: _____ / _____ _____ / _____ _____ / _____ _____ / _____

Offer date/Time _____ / _____ Manager: _____