



Brownsville Community Health Center dba New Horizon Medical Center

191 E. Price Rd. • Brownsville, Texas 78521 • (956) 548-7400 • HR Fax: (956) 546-7689

Application For Employment

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For: _____

Referral Source: Walk-In Facebook BCHC Website Advertisement
 Employment Agency Friend/Relative Other: _____

Name _____
LAST FIRST & MIDDLE OTHER LAST NAMES USED (if any)

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone _____ Email address: _____
AREA CODE

Do you have any relatives employed at BCHC or any of its subsidiaries? Yes No If Yes, Name _____

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

AN EQUAL OPPORTUNITY EMPLOYER

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

Are you a Veteran of the U.S. Military service? Yes No

If Yes, Branch _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
**(You may exclude memberships which would reveal sex, race, religion, national origin
age, ancestry, or handicap or other protected status):**

Personal References

Give name, address and telephone number of three **references who are:**

- **Not Related To You (no family members)**
- **Not Previous Employers**

Name	Address	Telephone Number (including area code)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Experience

Start with your present or last job.

Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER	Telephone (with area code)	Work Performed
Address / City	Dates Employed From To	
Job Title		
Supervisor	Hourly Rate/Salary Starting Final	
Reason for Leaving		
EMPLOYER	Telephone (with area code)	Work Performed
Address / City	Dates Employed From To	
Job Title		
Supervisor	Hourly Rate/Salary Starting Final	
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EMPLOYER	Telephone (with area code)	Work Performed
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EMPLOYER	Telephone (with area code)	Work Performed
Address / City	Dates Employed From To	
Job Title		
Supervisor	Hourly Rate/Salary Starting Final	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

Education

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Describe Course Of Study:	/			
Other Credentials if applicable	CPR Certification valid through : _____ mm/yy Licensure No. _____ Certification No. _____ Registration No. _____			

Honors Received: State any additional information you feel may be helpful to us in considering your application. Describe specialized training, apprenticeship, skill and extra-curricular activities:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

Being employed with Brownsville Community Health Center (BCHC) does not constitute an employment contract and is not intended to create contractual obligations of any kind. No property right exists in continued employment with employer (BCHC) as all employees are considered "at-will". This means that employment is not for any specific period of time and is terminable at the will of either the employer (BCHC) or the employee. "At-will" further indicates that, the employment can be terminated by either party; with or without cause, at any time during employment.

No person shall hold a position over which a member of his/her family exercises direct or indirect supervisory authority.

No person related in any way by blood or marriage twice removed, or living in the same household as a member of the Board of Directors, may be an employee of, a contractor with, or a recipient of payment of any kind from Brownsville Community Health Center.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ **Date** _____

For Human Resources Department Use Only	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks	_____
INTERVIEWER	DATE _____



**Brownsville Community Health Center
dba New Horizons Medical Center**

NAME: _____

DATE:_____

1. Why are you applying for this position?

2. What do you know about the Brownsville Community Health Center?

3. What do you think this job involves? How different will it be from your present job?

4. Why do you think you qualify for this position?



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AUTHORIZATION TO RELEASE INFORMATION

Date: _____

TO WHOM IT MAY CONCERN:

I hereby request and authorize you furnish **Brownsville Community Health Center's (BCHC) Human Resources Department**, with any information they may request concerning my work record, educational history, military record, criminal record and traffic record history.

This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment should I be hired as a: _____ .

(position title)

I hereby release you, and your organization, from any liability which may or could result from furnishing the information requested above and from any subsequent use of such information in determining my qualifications to serve as a: _____

(position title)

As a condition of employment, I will provide BCHC's Human Resources Department with original documents of transcripts, diploma(s), degree, licensure, certification, registration, etc., as applicable.

Applicant's Signature

Print Name

SS#

Date

NOTE: THIS FORM WILL BE RETAINED IN YOUR PERSONNEL FILE



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Acknowledgement of Drug Test, Pre-Employment Physical Exam and Mandatory Vaccination Requirements

I acknowledge and agree that should the Brownsville Community Health Center (BCHC) make me a conditional offer of employment, I will submit to a pre-employment physical exam, drug screening, and accept or apply for an exemption of the mandatory vaccine requirements relevant to the job. I further agree to sign an authorization form allowing those facilities conducting the drug screening and physical exam to release and provide copies of the results to BCHC.

I am aware that the conditional offer will be rescinded should the drug test be positive as determined by the testing laboratory. Similarly, the conditional offer will be rescinded should the pre-employment physical exam reveal reasons that prohibit me from performing the job.

I understand that BCHC has a mandatory COVID-19 vaccination policy that I must abide, unless I formally request an accommodation or exemption based on a disability, religious belief or a medical condition. Furthermore, I agree to comply with BCHC's immunization requirements based on job necessity and BCHC protocols.

NOTE: Failure to appear to the pre-employment physical examination or drug test will be viewed as a rejection of the conditional offer of employment. If an applicant rejects the conditional offer after completion of the pre-employment physical exam or drug test, BCHC has the right to bill for all medical services incurred as part of the visit including labs, immunizations, etc.

Print Name

Applicant's Signature

Date