



## CRESCENT MEDICAL CENTER

APPLICANT'S NAME: JENNIFER VANDERBILT

POSITION: ER RN PRN

APPLICATION DATE: JUNE 11, 2019

# APPLICATION FOR EMPLOYMENT

For application to be considered: It is mandatory that all areas of application are completed ("See Resume" is not acceptable). If an area does not apply to you, please write "N/A" in the space provided (do not leave any areas blank). Type or print all answers. All information on this application will be held confidential. Disclosures of a negative nature, such as conviction record, will not automatically bar you from employment but considering factors (i.e. age and time of the offense, seriousness and nature of the violation and rehabilitation) will be taken into account. Because of the nature of our business (healthcare), an extensive background check will be conducted into your personal and professional history.

Any false, misleading or incomplete information will be grounds to disqualify applicants from employment with Crescent Medical Center. The following is a list of items that will be needed, if employment is offered with our facility:

- 1) A Complete Application
- 2) A "Current" Resume
- 3) License Verification
- 4) Signed Job Description
- 5) I-9 Form
- 6) W-4 Form
- 7) References (2)
- 8) Background Check
- 9) Orientation
- 10) Handbook Acknowledgment
- 11) Personal Information Sheet
- 12) Confidentiality Statement
- 13) Release and Immunity Statement
- 14) Employee Health Completed and Signed off by IC and in file
- 15) Competency Validation
- 16) Certifications (ACLS, BLS, PALS)
- 17) Education Requirements Completed
- 18) Evaluations (90 Day, Annual, On Site Examination)
- 19) Time Clock



## CRESCENT MEDICAL CENTER

### APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER - NOTICE TO APPLICANTS AND EMPLOYEES: We consider all applicants for every positions they are qualified for (with documentation of education, training and/or experience - and our ability to verify such), without regard to race, color, religion, sex, age, gender, religious creed, medical condition, pregnancy, parenthood, ancestry, national origin, age, sexual orientation, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status unrelated to the ability to perform the work required. A qualified individual with a disability may request a reasonable accommodation during the employment process. No question on this application is intended to secure information to be used for any discrimination. This application will be given appropriate consideration. The submission, and receipt, of this application does not imply or guarantee that the applicant will be employed by this facility. Screening tests, for alcohol and drug use, will be required before hiring and randomly during employment with Crescent Medical Center.

POSITION APPLYING FOR: ER RN PRN

DATE APPLICATION COMPLETED: June 11, 2019

HOW DID YOU LEARN ABOUT US? TINA WALKER

#### PERSONAL DATA

LAST NAME: VANDERBILT FIRST: JENNIFER M/I: L

SOCIAL SECURITY # 465479822 DATE OF BIRTH: 06.09.1976

EMAIL ADDRESS: JENN\_VANDERBILT@YAHOO.COM

OTHER NAMES USED: \_\_\_\_\_

ADDRESS: 3112 VZCR 4416 CANTON, TEXAS 75103

HOME TELEPHONE: 903.574.2458 MESSAGE PHONE: \_\_\_\_\_

Are you age 18 or over? YES

If you are under 18 years of age, can you provide proof of your eligibility to work? N/A

Have you ever been employed with us before? YES If yes, When? OCT 2016 - MAR 2019

If employed with us before, state position and reason for departure ER RN, LEFT DUE TO PERSONAL REASONS

Are any of your relatives (by marriage also) employed by Crescent Medical Center? NO If yes, please list name(s) and department(s): N/A

Are you currently employed: YES May we contact your present employer? YES (hiring contingent upon an accessible and favorable reference received). Date you would be available for work? JUNE 18, 2019

Do you have a legal right to work in the U.S.? YES If yes, you will need to provide proof of work eligibility to be employed by this facility.



**CHECK THE CATEGORIES AVAILABLE FOR WORK**

FULL TIME \_\_\_\_\_ PART TIME PRN TEMPORARY \_\_\_\_\_ PER DIEM \_\_\_\_\_  
SHIFT: DAY ONLY \_\_\_\_\_ EVENINGS \_\_\_\_\_ NIGHTS X ROTATING \_\_\_\_\_  
DATE AVAILABLE FOR WORK: JUNE 18, 2019

**GENERAL INFORMATION**

EMERGENCY CONTACT PERSON: BRAD VANDERBILT RELATIONSHIP: HUSBAND  
ADDRESS: 3112 VZCR 4416 CANTON, TEXAS 75103  
PHONE NUMBERS: 903.574.2457

Have you ever been terminated, or forced to resign, due to misconduct or unsatisfactory service?  
Yes \_\_\_\_\_ No X If yes, please explain the circumstances \_\_\_\_\_

Are you currently on "Lay Off" status and subject to recall? NO Can you travel, if a job requires it? N/A

Have you ever been arrested and/or convicted, or are you currently awaiting disposition, for any criminal matter?  
Yes \_\_\_\_\_ No X If yes, please explain date, location, offense and disposition: \_\_\_\_\_

**EDUCATION/TRAINING/SKILLS**

DO YOU HOLD (CHECK ALL APPLICABLE):

H. S. DIPLOMA: X G.E.D. \_\_\_\_\_ ASSOCIATE'S DEGREE X BACHELOR'S X MASTER'S \_\_\_\_\_

ADVANCED DEGREES (LIST): \_\_\_\_\_

PROFESSIONAL LICENSE # TEXAS BON # 867122 EXP 6/30/2020

BLS: EXP 12/2021 ACLS: EXP 12/2021 PALS: EXP 05/2021

**LIST ALL SCHOOLS ATTENDED**

| SCHOOL NAME                | CITY/STATE | MAJOR   | YEARS ATTENDED | DEGREE    |
|----------------------------|------------|---------|----------------|-----------|
| THE UNIVERSITY OF OKLAHOMA | OKC, OK    | NURSING | 1              | BACHELOR  |
| TYLER JUNIOR COLLEGE       | TYLER, TX  | NURSING | 2              | ASSOCIATE |

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

I AM A LICENSED PARAMEDIC. I ALSO CURRENTLY HAVE MY FORENSIC NURSING CERTIFICATION.



LIST ANY EQUIPMENT YOU ARE ABLE TO OPERATE (RELATED TO THIS POSITION):

I CAN OPERATE THE CARDIAC MONITORS, EKG MACHINE, CRASH CART MONITOR/DEFIBRILLATOR

LANGUAGES PROFICIENCY (other than English) STATE SPEAKING, READING AND/OR WRITING SKILLS:

AMERICAN SIGN LANGUAGE

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? Yes \_\_\_\_\_ No X

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ BRANCH: \_\_\_\_\_

TYPE OF DISCHARGE (please include copy of DD214, if applicable): \_\_\_\_\_

### REFERENCES

LIST NAME, ADDRESS AND TELEPHONE NUMBER FOR THREE (3) PROFESSIONAL REFERENCES - WHO ARE NOT RELATED TO YOU.

CRYSTOL LAIRD 469.955.0291

TINA WALKER 817.825.5176

JOSH DICKENS 214.728.4420

IF YOU ARE AN INDIVIDUAL WITH DISABILITY, PLEASE LET US KNOW IF YOU WILL REQUIRE ANY ACCOMMODATION TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION(S) FOR WHICH YOU ARE APPLYING FOR:

NONE



**CRESCENT**  
MEDICAL CENTER  
LANCASTER

### EMPLOYMENT

BEGIN WITH YOUR PRESENT, OR MOST RECENT, EMPLOYER. LIST ALL JOBS HELD, GOING BACK AT LEAST 10 YEARS OR TO AGE 18. PLEASE EXPLAIN ANY TIME GAPS, GREATER THAN THREE (3) MONTHS, IN EMPLOYMENT. PLEASE USE AN ADDITIONAL SHEET, IF SPACE IS NEEDED TO DOCUMENT EMPLOYMENT HISTORY.

1) POSITION: ER RN/CHARGE NURSE EMPLOYMENT DATES: 2/2019 TO PRESENT

HOURLY RATE/SALARY: START: \$30.00/HR (+ PM AND WEEKEND SHIFT DIF) END: 30.00/HR (+ PM AND WEEKEND SHIFT DIF)

EMPLOYER: VAN ZANDT REGIONAL MEDICAL CENTER

ADDRESS: 707 N WALDRIP ST. GRAND SALINE, TEXAS 75140

TELEPHONE #: 903.717.3300 FAX #: 903.962.4215

SUPERVISOR: NEIL SHEFFIELD MAY WE CONTACT? YES

HOURS WORKED PER WEEK: 36/48 ROTATING 12'S # OF EMPLOYEES SUPERVISED (if applicable): 3

REASON FOR LEAVING: I AM NOT LEAVING

PRIMARY JOB DUTIES: INITIAL TRIAGE, TREATMENT AND PATIENT CARE IN EMERGENCY DEPARTMENT. CHARGE NURSE.

2) POSITION: ER RN/CHARGE NURSE EMPLOYMENT DATES: 10/2016 TO 3/2019

HOURLY RATE/SALARY: START: \$38.00/HR (+CHARGE PAY AND SHIFT DIF) END: \$38.00/HR (+CHARGE PAY AND SHIFT DIF)

EMPLOYER: CRESCENT MEDICAL CENTER

ADDRESS: 2600 W. PLEASANT RUN ROAD LANCASTER, TX 75146

TELEPHONE #: 972.230.8888 FAX #: \_\_\_\_\_

SUPERVISOR: MEREDITH WALDO MAY WE CONTACT? YES

HOURS WORKED PER WEEK: 36 # OF EMPLOYEES SUPERVISED (if applicable): 3

REASON FOR LEAVING: PERSONAL REASONS

PRIMARY JOB DUTIES: INITIAL TRIAGE, TREATMENT AND PATIENT CARE IN EMERGENCY DEPARTMENT. CHARGE NURSE.



3) POSITION: ER RN PRN EMPLOYMENT DATES: 06/2018 TO 01/31/2019  
HOURLY RATE/SALARY: START: \$38.00/HR END: \$38.00/HR  
EMPLOYER: STAR MEDICAL CENTER  
ADDRESS: 4100 MAPLESHADE LANE PLANO, TEXS 75093  
TELEPHONE #: 972.265.1050 FAX #: \_\_\_\_\_  
SUPERVISOR: ETHEL JOHNSON MAY WE CONTACT? YES  
HOURS WORKED PER WEEK: 12-24 # OF EMPLOYEES SUPERVISED (if applicable): 0  
REASON FOR LEAVING: TOO MANY COMPANY TURNOVERS WITH OWNERSHIP  
PRIMARY JOB DUTIES: INITIAL TRIAGE, TREATMENT AND PATIENT CARE IN EMERGENCY DEPARTMENT

4) POSITION: ER RN (TRAVELER) EMPLOYMENT DATES: 12/2014 TO PRESENT  
HOURLY RATE/SALARY: START: \$45.00/HR END: \$45.00/HR  
EMPLOYER: COREMED NETWORK  
ADDRESS: 5068 W. PLANO PKWY STE 300 PLANO, TEXAS 75093  
TELEPHONE #: 972.824.0759 FAX #: \_\_\_\_\_  
SUPERVISOR: MARK DEMETROVICH MAY WE CONTACT? YES  
HOURS WORKED PER WEEK: 12-24 # OF EMPLOYEES SUPERVISED (if applicable): 0  
REASON FOR LEAVING: N/A  
PRIMARY JOB DUTIES: INITIAL TRIAGE, TREATMENT AND PATIENT CARE IN EMERGENCY DEPARTMENT.





### APPLICANT'S ACKNOWLEDGEMENT

By signing this application, I certify that all 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. Any omissions or misstatements of facts may be cause for rejection of this application or discharge from employment.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Crescent Medical Center is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

I authorize Crescent Medical Center Human Resources Department, or its designee, to make all necessary and appropriate investigations, allowable by law, to verify the information concerning my professional and personal background. It is my responsibility to update the Human Resources Department of any changes of my information.

Applicant's Printed Name: JENNIFER VANDERBILT

Applicant's Signature: Jennifer Vanderbilt Date: 06/11/2019







## AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, JENNIFER VANDERBILT, hereby authorize Crescent Medical Center Lancaster to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Crescent Medical Center Lancaster will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Jennifer Vanderbilt RCP

Candidate Signature

06/11/2019

Date

JENNIFER VANDERBILT

Candidate Name - Printed