



CRESCENT MEDICAL CENTER

APPLICANT'S NAME: _____ Destiny Hensel _____

POSITION: _____ RN _____

APPLICATION DATE: _____ 07-10-2019 _____

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



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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: _____RN_____

DATE APPLICATION COMPLETED: _____07-10-2019_____

HOW DID YOU LEARN ABOUT US? _____Indeed_____

PERSONAL DATA

LAST NAME: _____Hensel_____ FIRST: _____Destiny_____ M/I: _____G_____

SOCIAL SECURITY # _____629602504_____ DATE OF BIRTH: _____11-22-1997_____

EMAIL ADDRESS: _____destiny_hensel@yahoo.com_____

OTHER NAMES USED: _____

ADDRESS: _____101 North 14th street apt 1 Midlothian, TX 76065_____

HOME TELEPHONE: _____ MESSAGE PHONE: _____9032937831_____

Are you age 18 or over? _____yes_____

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

Have you ever been employed with us before? _____no_____ If yes, When? _____

If employed with us before, state position and reason for departure _____

Are any of your relatives (by marriage also) employed by Crescent Medical Center? _____no_____ If yes, please list name(s) and department(s): _____

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? _____07-24-2019_____

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 ☐yes_____ PART TIME ☐yes_____ TEMPORARY ☐no_____ PER DIEM ☐yes_____

SHIFT: DAY ONLY ☐yes_____ EVENINGS ☐yes_____ NIGHTS ☐yes_____ ROTATING ☐yes_____

DATE AVAILABLE FOR WORK: _____all_____

GENERAL INFORMATION

EMERGENCY CONTACT PERSON: _____Tina Howze_____ RELATIONSHIP:
____Mother_____

ADDRESS: _____916 Park Place BLVD Midlothian,TX 76065_____

PHONE NUMBERS: _____9039083550_____

Have you ever been terminated, or forced to resign, due to misconduct or unsatisfactory service?
Yes_____ No_____no_ 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? ☐yes_____

Have you ever been arrested and/or convicted, or are you currently awaiting disposition, for any criminal matter?
Yes_____ No_____no_ If yes, please explain date, location, offense and disposition: _____

EDUCATION/TRAINING/SKILLS

DO YOU HOLD (CHECK ALL APPLICABLE):

H. S. DIPLOMA: _____ G.E.D. ☐yes_____ ASSOCIATE'S DEGREE ☐yes_____ BACHELOR'S _____ MASTER'S _____

ADVANCED DEGREES (LIST): _____

PROFESSIONAL LICENSE # _____RN_____

BLS: _____yes_____ ACLS: _____ PALS: _____

LIST ALL SCHOOLS ATTENDED

| SCHOOL NAME | CITY/STATE | MAJOR YEARS ATTENDED | DEGREE |
|-------------------------|-------------------|----------------------|-------------------------------------|
| ____Navarro College____ | ____Corsicana____ | ____2016-2019____ | ____Associate degree in Nursing____ |

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

I have a daughter so planning, and family needs are right up my ally.



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

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

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? Yes _____ No ____no__

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.

Irais Medina 972-740-3025

Shara Hance 214-903-3246

Jensen Lambart 972-268-1648

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:



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: RN EMPLOYMENT DATES: 06-09-2019 TO Present

HOURLY RATE/SALARY: START: 24.95 END:

EMPLOYER: MGA Home Health Care

ADDRESS:

TELEPHONE #: 214-292-9900 FAX #:

SUPERVISOR: MAY WE CONTACT? Yes

HOURS WORKED PER WEEK: 48 # OF EMPLOYEES SUPERVISED (if applicable):

REASON FOR LEAVING: Not steady work

PRIMARY JOB DUTIES: I worked with clients and their families in the home setting in order to educate parents and offer respite care. I worked with patients with G-buttons, mental and physical delays.

2) POSITION: Swing Manager EMPLOYMENT DATES: 06-24-2016 TO 03-26-2019

HOURLY RATE/SALARY: START: 8.40 END: 10.25

EMPLOYER: McDonalds

ADDRESS:

TELEPHONE #: 972-775-1974 FAX #:

SUPERVISOR: She is no longer there MAY WE CONTACT? yes

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

REASON FOR LEAVING: Needed to find nursing job



PRIMARY JOB DUTIES: _____I was promoted four times during my time at this job, due to my ability to be self motivated, a team leader, and my eye for safety issues. I worked hard to make sure to make all customers happy and the employees had every thing they needed to do their jobs safely and effectively.



3) POSITION: _____ EMPLOYMENT DATES: _____ TO _____

HOURLY RATE/SALARY: START: _____ END: _____

EMPLOYER: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

SUPERVISOR: _____ MAY WE CONTACT? _____

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

REASON FOR LEAVING: _____

PRIMARY JOB DUTIES: _____

4) POSITION: _____ EMPLOYMENT DATES: _____ TO _____

HOURLY RATE/SALARY: START: _____ END: _____

EMPLOYER: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

SUPERVISOR: _____ MAY WE CONTACT? _____

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

REASON FOR LEAVING: _____

PRIMARY JOB DUTIES: _____



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: _____Destiny Hensel_____

Applicant's Signature: _____Destiny Hensel_____Date: _____07-10-19_____



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, Destiny Hensel, 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.

Destiny Hensel 07-10-17
Candidate Signature Date

Destiny Hensel
Candidate Name - Printed