

**COASTAL PLAINS INTEGRATED HEALTH  
200 MARRIOTT DR.  
PORTLAND, TX 78374  
(361) 777-3991**

**ALL APPLICATIONS MUST BE COMPLETELY FILLED OUT**

**Dear Applicant:**

Thank you for considering Coastal Plains Integrated Health as a future place of employment. As per our hiring process, your completed application will be reviewed. If selected for employment, please bring the following documents to the corporate office when requesting to fill out new hire paperwork.

**We need to see and make a copy of the following documents:**

- Social Security Card
- Driver's License
- High Diploma and/or College transcripts

Again, thank you for applying with Coastal Plains Integrated Health and for your *patience* throughout the application process.

Sincerely,

Human Resources Department

(361) 777-3991



**EMPLOYMENT HISTORY**

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

Incomplete information could disqualify you from further consideration.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**REFERENCES**

Give the names of three (3) persons not related to you, whom you have known at least three (3) years.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Coastal Plains Integrated Health to hire me. If I am hired, I understand that either Coastal Plains Integrated Health or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Coastal Plains Integrated Health has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Coastal Plains Integrated Health true and complete information on this application. No requested information has been concealed. I authorize Coastal Plains Integrated Health to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

<b>1.</b> Job Posting Number		<b>2.</b> Last Name (Type or Print)      First      Middle		
<b>3.</b> Address	City	State	Zip Code	<b>4.</b> Daytime Phone
<b>5.</b> Sex  ___ <b>M</b> - Male  ___ <b>F</b> - Female	<b>6.</b> Birth Date	<b>7.</b> Ethnic Origin  ___ <b>W</b> -White ___ <b>B</b> -Black ___ <b>H</b> -Hispanic ___ <b>A</b> -Asian ___ <b>I</b> -American Indian or Alaskan Native  ___ <b>P</b> -Native Hawaiian or Other Pacific Islander ___ <b>M</b> -Two or More Races		
<b>8.</b> Veteran  ___ Yes  ___ No	<b>9.</b> Surviving Spouse of Veteran who has not remarried  ___ Yes  ___ No	<b>10.</b> Orphan or Veteran killed on active duty  ___ Yes  ___ No	<b>11.</b> Former Texas Foster Youth 25 yrs. of age or younger  ___ Yes  ___ No	

**12.** How did you first find out about his job?

- |                              |                                  |
|------------------------------|----------------------------------|
| ___ Coastal Plains' Employee | ___ WORKinTEXAS.com              |
| ___ Job Fair                 | ___ College Career Fair          |
| ___ Indeed                   | ___ Other (Please Specify) _____ |
| ___ Zip Recruiter            |                                  |
| ___ Coastal Plains' Website  |                                  |

Thank you for your application

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**