



My Commitment to Health Center of Southeast Texas

If hired, I agree to make a personal commitment to uphold the Standards of Service Excellence and agree to represent Health Center of Southeast Texas in:

Attitude: I will project an enthusiastic attitude about my work to co-workers and customers. I will make every effort to be helpful, considerate, respectful, empathetic, confidential and supportive in my daily interactions.

Appearance: My personal appearance represents HCSET. Therefore, my grooming and dress will adhere to the dress policy and reflect my respect for my customers. I will take pride in myself and take pride in my facility. I will present a professional appearance in my dress and actions.

Communication: I am committed to listening attentively to my customers, so that I fully understand their needs. I will pay close attention to both my verbal and non-verbal communications. I will deliver my message with courtesy, clarity and care. I understand that rudeness will not be tolerated.

Sense of Ownership: I will focus on quality in all interactions and actions. I will take pride in whatever I do and be responsible for the outcome of my efforts. I realize that my work reflects and defines my sense of ownership.

Commitment to Co-Workers: My co-workers and I are a team. I agree to work together with them serving our patients and community. My co-workers deserve my respect and without their contributions, I could not perform my job.

Quality: I will respond to my customer and patient's needs and requests in a courteous, caring and respectful way. I will provide for their needs in a timely and efficient manner, ensuring that I gain the confidence of my customers and patients while demonstrating my commitment to quality.

Privacy: I will do my part in preserving patient's rights, privacy and modesty, and I will maintain a secure and trusting environment. I will do this to promote their peace of mind and decrease anxiety.

Customer waiting: I recognize that my customer's time is valuable. Therefore, I will provide my customers with prompt and efficient service.

Facility Appearance: As an employee of HCSET, I am committed to my part in maintaining and creating a favorable impression of our facility. I agree to abide by the safety standards and think, act, and stay safe.

I further agree and acknowledge if hired, I will be required to comply with HCSET and State Vaccination policy. I will be required to be current on Hep B, MMR, Varicella and TDAP vaccines. I will also be required to have an annual influenza vaccine.

Name and Date:



Health Center of Southeast Texas
307 N. William Barnett Ave.
Cleveland, TX 77327
281.592.2224

Employment Application

Date: _____

Last Name: _____ First Name: _____ M/I: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Telephone No: _____

Email: _____ Social Security No: _____

Employment Desired:

Position: _____ FT/PT: _____

Salary Desired: _____ Date Available: _____

Education:

| | | | |
|---|---|---|------------------------------|
| High School (Name and Address) _____ _____ | | Business/Technical Education/ Other _____ _____ | |
| Graduated Yes <input type="checkbox"/> Year _____ No <input type="checkbox"/> | Diploma <input type="checkbox"/> GED <input type="checkbox"/> | Graduated Yes <input type="checkbox"/> Year _____ No <input type="checkbox"/> | Certification/Diploma/Degree |
| College Education (Name and Location) _____ _____ | | Professional License or Membership License(s) _____ State: _____ Exp Date _____ Professional Memberships: _____ _____ | |
| Graduated Yes <input type="checkbox"/> Year _____ No <input type="checkbox"/> | Diploma or Degree | Continuing Education or Special Training | |

Years of Experience:

| | | |
|------------------------------|------------------|------------------------|
| Phones | Customer Service | Call Center |
| Computer | Supervision | Accounts Payable |
| Scheduling | Back Office | Insurance Verification |
| Medical Assistant | EMR | Insurance Billing |
| What Languages do you speak? | | |

Have you ever been convicted or plead guilty to a Felony? If yes, Please explain Yes No

Have you ever worked at the Health Center of Southeast Texas? Yes No
If yes, Under what name and when.

Do you have any relatives currently employed by the Health Center of Southeast Texas? Yes No
If yes, under what name, relationship, location.

Are you related to any HCSET Board member by birth, marriage, or adoption? Yes No If yes, please list the member's name and relationship.

If you are offered employment, will you be able to provide documentation that you are legally Entitled to work in the United States? (i.e. Birth certificate, U.S. passport, work permit (INS card) Social Security card, driver's license) Yes No

Employment History

Are you currently employed? Yes No **If yes, may we contact your current employer?** Yes No

Employment beginning with the most recent

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|----------------------------------|---------------------|-----------------------------------|----------------------|
| Name When Employed | | Briefly describe your job duties. | |
| Company Name | | | |
| Address (Including City & State) | | | |
| Telephone Number | | | |
| Your Position/Title | Dates of Employment | Immediate Supervisor | |
| Reason for Leaving | | Current Salary | |
| Name When Employed | | Briefly describe your job duties | |
| Company Name | | | |
| Address (Including City & State) | | | |
| Telephone Number | | | |
| Your Position/Title | Dates of Employment | Immediate Supervisor | |
| Reason for Leaving | | Salary | Eligible for Rehire? |

| | | |
|----------------------------------|---------------------|----------------------------------|
| Name When Employed | | Briefly describe your job duties |
| Company Name | | . |
| Address (Including City & State) | | |
| Telephone Number | | |
| Your Position/Title | Dates of Employment | Immediate Supervisor |
| Reason for Leaving | | Salary |

Professional References

| Name and email address Required | Title | Company | Years Acquainted |
|---------------------------------|-------|---------|------------------|
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The information that I provided on this application is true to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment or if employed, termination from employment. Any offer of employment I may receive from the facility is contingent upon my successful completion of the facility's pre-employment screening process. I hereby authorize this facility to investigate my employment and personal history, including an inquiry concerning information on my criminal history records and other records solely for the purpose of determining my suitability for the position(s) for which I have applied. I authorize and request that all of my present and former employers and those individuals I have listed as business references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any liability for damages arising from furnishing the requested information. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of this facility. I further understand that any employment offered to me will not be for any definite period of time and is subject to termination, with or without cause, by employer or at my own election at any time for any reason. I understand that my employment is at will and that this policy cannot be changed except in a written document signed by an authorized officer of the company and also by me.

Date: _____ Signature: _____

All employment decisions are based upon the qualifications of each applicant. This facility does not discriminate against any employee or applicant because of race, religion, color, national origin, sex, physical handicap, or age.

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|----------------------------------|---------------------|----------------------------------|
| Name When Employed | | Briefly describe your job duties |
| Company Name | | . |
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| Telephone Number | | |
| Your Position/Title | Dates of Employment | Immediate Supervisor |
| Reason for Leaving | | Salary |

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