

**PLEASE NOTE:**

**If you are applying for a position that requires a license or registration, please provide a copy of your license and/or registration upon return of the application.**

*Thank you!*

*Human Resources*

Date \_\_\_\_\_

## RECRUITMENT

You heard of this available position by which of the methods below?

Cuero Community Hospital employee \_\_\_\_\_

Chamber of Commerce \_\_\_\_\_

Newspaper, if so which \_\_\_\_\_

Texas Workforce Commission \_\_\_\_\_

Cuero Community Hospital website \_\_\_\_\_

Job Fair \_\_\_\_\_

Phone job opportunities menu \_\_\_\_\_

Direct contact (personal or mail) \_\_\_\_\_

Human Resources office \_\_\_\_\_

Internal Posting \_\_\_\_\_

Other \_\_\_\_\_

Cuero Community Hospital seeks to employ only people who treat everyone with dignity and respect, and who commit to complying with CCH's Behavioral Expectations, Appearance Standards and to providing quality services to our patients and other customers in an empathetic, caring manner. Therefore, before giving you an employment application, and taking your valuable time to complete it, we ask that you do the following:

1. Read carefully the attached copy of the Appearance Standards.
2. Study the attached copy of CCH's Behavioral Expectations.
3. Based on what you have learned in steps 1 & 2, decide whether or not you can, without reservation, meet CCH's expectations and enjoy working in such an environment. If your response is "no", we thank you for the time you have invested learning about CCH and we wish you well in your job search elsewhere. If you can honestly answer "yes" please continue with step #4.
4. By my signature below, I acknowledge that I have completed all the above steps and sincerely believe that CCH's environment and expectations are in keeping with my own personal beliefs, values and behaviors.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your time and continued interest in employment opportunities with CCH.

## CUERO COMMUNITY HOSPITAL'S APPEARANCE STANDARDS

These Standards provide written minimum guidelines regarding uniforms and personal appearance within Cuero Community Hospital, which assist in creating and maintaining a safe, conservative and professional environment. While these are minimum guidelines for all employees of CCH, departmental standards may be more prescriptive at the discretion of the manager.

### NAME BADGES

- \* A name badge is part of each employee's required attire. Name badges must be visible and facing toward the front at all times while on duty.
- \* Name badges must be worn above the waist.
- \* Nothing should be attached to the badge; pins, stickers, etc. may be attached to a badge holder.

### HAIR

- \* Hair shall be clean and neat with no styles that would, by a reasonable standard, invite negative feedback from a customer.
- \* Hair may not be dyed unnatural colors (such as green or purple). Bleached hair is acceptable.
- \* Hair ornaments, if worn, shall be moderate and in good taste.
- \* Shoulder length or longer hair shall be pulled back or covered where there is a health or safety consideration.
- \* Well-groomed, clean shaven; trimmed beards, sideburns and mustaches are allowed, but may not interfere with personal protective gear.

### DAILY HYGIENE

- \* Daily hygiene must include clean teeth, hair, clothes and body, including the use of deodorant.
- \* Business attire and uniforms are to be clean, pressed and in good condition.

### NAILS

- \* Nails must be conservative in length (not to exceed ¼ inch beyond the fingertip) and must be neatly manicured.
- \* If nail polish is used, it may not be black, blue, green, or yellow shades. All nails must be solid in color and the same color. No nail jewelry or nail art is allowed.
- \* All healthcare providers/staff who provide direct patient care, directly supervise patient care or have contact with patient care supplies, equipment or food will adhere to the fingernail policy set by infection control.

### SCENTS

- \* Men and women's scents are permitted if mild and not used to mask body odor.

### MAKEUP

- \* Makeup should be used to enhance a natural look and should not detract from a person's appearance.
- \* Extreme or excessive makeup will not be allowed.

### JEWELRY

- \* No more than two fingers with rings per hand for female employees and one ring per hand for male employees.
- \* A watch.
- \* Necklaces and bracelets should be tasteful, not elaborate or excessive, and must not interfere with the employee's work function or be a safety and health consideration.
- \* No more than two earrings in the lobe per ear by female staff. Earrings are not to be worn by male staff.
- \* Earrings shall not be excessive in size.
- \* Body piercing is permitted in ears only; no other visible body piercing is permitted.
- \* One brooch (pin).
- \* Consult department policy as to regulations and standards.

### SKIRTS

- \* Skirt length shall be no shorter than 2 inches above the top of the knee when standing and may not be tight fitting.
- \* Skorts will not be permitted.

### PANTS

- \* Pants should not be tight fitting.
- \* No denim pants of any color, except for maintenance and grounds employees. Spandex, leggings, athletic wear, shorts, capris and sweat suits shall not be worn.
- \* Appropriate casual slacks may be worn such as: Dockers, Chinos or Lee dress pants.

### SHIRTS

- \* Shirts shall be buttoned up to the second button from the top.
- \* No tank tops, or low cut blouses, or midriffs (short blouses ending before or at the waist) or T-shirts unless layered under garments for warmth.

### SHOES

- \* Shoes should be kept clean and in good repair. Shoelaces should be clean, in good repair and tied at all times so as not to create a tripping hazard.
- \* Heels shall be no higher than three inches.

### OTHER

- \* Hosiery may be worn at your discretion. Only appropriate socks or hosiery may be worn. Ornamental or textured hosiery is not permitted. Hose (not socks) will be worn with dresses.
- \* Sunglasses are to be worn indoors only if prescribed by a physician or required for the job.
- \* Portable, personal audio equipment (headphones) are not to be used while on work premises.
- \* Hats shall be worn only as part of a uniform, for safety reasons or for religious purposes.
- \* All tattoos and body art shall be appropriately covered so as not to be visible. Tattoos and body art must always be covered by clothing, approved gloves, natural-appearing makeup, or bandages.
- \* No visible passion marks (i. e. hickies)
- \* Revealing clothing is not permitted and proper undergarments shall be worn.
- \* No denim of any color shall be worn, including skirts, dresses, shirts and vest except on Casual Friday.

### CASUAL FRIDAY

- \* CCH logo and CCHamps shirts may be worn with appropriate casual slacks such as Dockers.
- \* Denim including skirts, dresses, shirts and vest are allowed. No jeans of any color will be allowed on Casual Friday.

### UNIFORMED EMPLOYEES/ HS1 EMPLOYEES

- \* Each department manager is responsible for providing a uniform dress code policy, reflecting department/job specific requirements, for their staff.

### CONTRACT EMPLOYEES

- \* Contract employees must also adhere to Cuero Community Hospital appearance standards.

Any requests for an exception to policy due to medical or religious reasons, must be presented to Human Resources with supporting documentation.

## **CUERO COMMUNITY HOSPITAL'S BEHAVIORAL EXPECTATIONS**

It is the responsibility of every Cuero Community Hospital's employee to treat all of our customers, patients, families, physicians, co-workers and all outside contacts, with courtesy, dignity, respect, and professionalism. The following are specific expected behaviors and customer service professionalism. The following are specific expected behaviors and customer service performance standards by which all employees are measured in their appraisals:

### **COURTESY**

- \*Welcome and/or greet internal and external customers in a professional, polite and respectful way.
- \*Greet others in the hallways, elevators and at workstations with kind word or smile.
- \*Assist people in finding proper resources for problem resolution.
- \*Assist customers in finding their way.
- \*Make eye contact; introduce yourself and explain purpose, when appropriate.
- \*Listen carefully; do not interrupt; give people your full attention.

### **RESPECT**

- \*Respect privacy and dignity.
- \*Use a professional and respectful tone of voice.
- \*Discuss confidential or sensitive information about customers, employees, or hospital business only with those having a valid need to know and do so privately, never in public places.

### **RESPONSIVENESS**

- \*Respond in a timely manner to requests for help.
- \*Provide the services or information requested, or find someone who can.
- \*Provide a time-frame for providing service and explain delays.

### **COMMUNICATION**

- \*Offer information on departmental processes and procedures as appropriate.
- \*Invite questions and comments.
- \*Communicate with clarity and professionalism both orally and in writing.
- \*Keep people informed while resolving issues or getting answers to questions.
- \*Speak English or the language of the person being helped. Arrange for interpretation services when needed.

### **TEAMWORK**

- \*Take responsibility for improving processes and systems; look for new and better ways of doing things.
- \*Work as a member of Cuero Community Hospital's team perform duties in a way that make it easier for others to perform theirs.
- \*Follow through in meeting deadlines and keeping promises.
- \*Work with customers and clients to address complaints, frustrations and service problems.

### **PROFESSIONALISM**

- \*Present a positive image.
- \*Wear name badge or name tag so the name is clearly visible at all times while on duty.
- \*Limit eating and drinking and smoking to designated areas.
- \*Avoid personal conversations with co-workers when providing patient care or other customer service.
- \*Make no inappropriate or negative comment about patients, co-workers, physicians, or any part of Cuero Community Hospital in the presence or within hearing of any internal or external customer.
- \*Demonstrate pride in Cuero Community Hospital by keeping areas clean and safe.
- \*Demonstrate a professional attitude toward co-workers and customers.
- \*Demonstrate an ongoing responsibility and commitment to the job through attendance and punctuality in relation to stated work.
- \*Follow appropriate telephone guidelines.
- \*Maintain a professional appearance and manner that is appropriate to assignment as well as following Cuero Community Hospital's Appearance Standard Guidelines.



## HUMAN RESOURCES

Thank you for your interest in employment with Cuero Community Hospital. We will be reviewing your application and comparing your qualifications with the requirements of the position for which you have expressed an interest. If the manager with vacancy is still interviewing, and there is a good match, you will be contacted for a screening interview. Otherwise, we will keep your application active for 30 days.

**If we have not contacted you within 30 days, your application will become inactive and kept in our inactive file for an additional 5 months. During this period you can reactivate your application by sending us a letter requesting consideration for another position for which you qualify, and including the date your original application. After this 5-month period, it will be necessary for you to complete a new application, if you wish to reapply.**

**Again, we appreciate your interest in Cuero Community Hospital.**

## CUERO COMMUNITY HOSPITAL APPLICATION FOR EMPLOYMENT

Cuero Community Hospital is an Equal Opportunity Employer and does not discriminate against qualified applicants or employees on the basis of race, color, religion, sex, age, national origin or disability. The Hospital prohibits harassment in the work place.

P E R S O N A L  I N F O R M A T I O N	Last Name	First	Middle	Date
	Have you ever used another name for work, school or other business purposes? If so, identify name(s), dates used and circumstances.			Home Telephone ( )
	Mailing Address			Business Telephone ( )
	City, State, Zip			Pay Requested \$
	Social Security Number:			
	Position you are seeking:			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever previously applied for or been employed with Cuero Community Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If employed: Month and Year _____ Reason for leaving _____			Are you at least eighteen years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours/days can you work? _____			
	In the event you are considered for employment, what date could you begin work? _____			
	Please state all languages (including sign language) that you speak, read and write proficiently:			
	English	Speak	Read	Write
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate ?	Degree or Diploma or GED
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations (Exclude those which may disclose race, color, religion or national origin)



Do you plan to engage in other work while employed by the Hospital?  Yes  No  
If yes, please indicate employer, position and days/hours of the week employed. \_\_\_\_\_

List all relatives working at Cuero Community Hospital and Cuero Home Health \_\_\_\_\_

## MILITARY SERVICE

Did you serve in the U. S. Armed Forces?  Yes  No

If "Yes", in what Branch? \_\_\_\_\_

Describe any military training received relevant to the position which you are applying. \_\_\_\_\_

## LICENSES/REGISTRATION

Do you currently hold all licenses/registrations required for the position for which you have applied?  Yes  No

If Yes, provide license and number, issuing authority, and expiration date: \_\_\_\_\_

Has your professional license/registration ever been denied, revoked, suspended or otherwise restricted?  Yes  No

If yes, please provide information on license/certification action, date and nature of action: \_\_\_\_\_

## CRIMINAL RECORD

At any time have you ever pled guilty, nolo contendere (no contest) or been convicted of any criminal offense (misdemeanor or felony) other than parking tickets?  Yes  No

If yes, provide complete information on all criminal offense(s), date(s), location(s) (city and state) and disposition: \_\_\_\_\_

*(use additional sheets if necessary)*

Have you at any time served any of the following for any criminal offense (felony or misdemeanor)? (Check all that apply) If the alternative disposition you received is not specifically listed below, you MUST disclose it by checking the last option and specifically describing the program. Failure to disclose any type of alternative disposition will be considered falsification and will result in your ineligibility for employment.

- |  |  |
|--|--|
| <input type="checkbox"/> pretrial diversion  | <input type="checkbox"/> conditional discharge       |
| <input type="checkbox"/> suspended sentence  | <input type="checkbox"/> community-based punishment  |
| <input type="checkbox"/> shock/challenge incarceration   | <input type="checkbox"/> unconditional discharge     |
| <input type="checkbox"/> probation (any type)  | <input type="checkbox"/> pretrial intervention       |
| <input type="checkbox"/> community control./supervision  | <input type="checkbox"/> pretrial release            |
| <input type="checkbox"/> deferral/diversion of prosecution   | <input type="checkbox"/> restorative justice program |
| <input type="checkbox"/> deferred adjudication   | <input type="checkbox"/> indeterminate commitment    |
| <input type="checkbox"/> postponed judgment  | <input type="checkbox"/> supervised release          |
| <input type="checkbox"/> any other type of alternative, deferred suspended, postponed or conditional prosecution, adjudication, disposition, sentence, program or release (describe type): _____ |  |

If yes, provide complete information on the criminal offense, current status of program and expected date of completion: \_\_\_\_\_

*(use additional sheets if necessary)*

Has any conviction, guilty plea, no contest plea, or other criminal disposition been expunged from court records?  Yes  No

If yes, provide complete information on criminal offense(s), location, court and date(s) of expungement: (use additional sheets if necessary) \_\_\_\_\_

(Conviction of a crime is not an automatic rejection to consideration for employment, except where State law prohibits employment)

Do you currently engage in the illegal use of drugs (such as marijuana, cocaine, heroine, LSD, etc.)?  Yes  No

A P P L I C A N T V E R I F I C A T I O N	<p>I verify that all of the information on this application and exhibits and resumes is true, correct and complete. I have not withheld any information requested by Cuero Community Hospital. I understand that false, misleading, incomplete or omitted information will result in rejection of my application or termination from employment, whenever discovered. I authorize all persons and organizations, including but not limited to my former and present employers, personal references and educational institutions, to provide Cuero Community Hospital and its agents with complete information they may have concerning my character, education, employment record and suitability for employment with Cuero Community Hospital. I will be provided a supplemental notification and authorization if the Hospital elects to conduct a consumer report about me under the Fair Credit Reporting Act or State laws.</p> <p>This application is not a job offer or employment contract with the Hospital for any specific time period. If hired, my employment will be for an indefinite time period and I may resign or be terminated by the Hospital at any time without notice or requirement of cause.</p> <p>I understand that if employed, I will be required to complete a federal I-9 form and provide verification of my identity and right to work in the United States.</p> <p>Any conditional employment offer from Cuero Community Hospital is subject to successful completion of all hiring requirements, including but not limited to verifying employment/personal references, criminal record, license/certification, driving record (where appropriate), testing for the illegal use of drugs and a post offer, pre-hire employment physical.</p> <p>If employed, I will comply with all Hospital policies, rules and procedures.</p>	
	<hr style="width: 40%; margin: 0 auto;"/> Date	<hr style="width: 40%; margin: 0 auto;"/> Applicant's Signature

**Mailing Address**  
Human Resources  
Cuero Community Hospital  
2550 N. Esplanade  
Cuero, Tx 77954

**Fax number**  
361-275-5829

## **CUERO COMMUNITY HOSPITAL**

***As an employee of this Hospital you are offered many benefits.***

***Credit Union*** – Family and employee savings. Loans may be paid back through payroll deductions. VISA, checking accounts, ATM card, Holiday account, etc.

***Bereavement Leave*** – Up to two days with 8 hours of base pay for death of immediate family (wife or husband, parents, children, brother, sister, parents-in-law, current stepfather or stepmother, grandparents and grandchildren) and one day for sister or brother-in-law and grandparents-in-law. This does not apply to PRN positions.

***Educational Leave*** – Employees may be granted a leave of absence without pay for educational purposes if the courses taken are hospital related. This does not apply to PRN positions.

***Military Leave*** – Any employee required to serve in any branch of the United States Armed Forces is approved for this leave.

***Family and Medical Leave*** – Any employee that meets the requirements may take this leave.

***Medical Leave*** – Any employee that does not meet the Family and Medical Leave and who have completed the entry probation period may apply for this leave. This does not apply to PRN positions.

***Extended Leave*** – After the Family and Medical Leave or Medical Leave has exhausted then the employee may apply for an Extended Leave for an additional 8 weeks if needed.

***Jury Duty*** – Eight hours pay for the day. This does not apply to PRN positions.

***Cafeteria & Vending Machines*** in the Atrium.

***Lab, X-ray, ER, PT, and Outpatients*** – Filed with insurance and then receive a 30% discount on self-pay. Families also receive a 30% discount.

***All employees*** will receive a private room at a semi-private rate, if room is available.

***Deferred Compensation*** – These are offered through payroll deductions. The representative of this company is available for advice.

***Tuition Assistance and Scholarships*** – Assistance if offered to employees to assist in the employment and retention of certain positions.

***Retirement Plan*** – Eligible after being employed 1 year and worked 1,000 hours. The Hospital contributes 6.7%, while the employees can make voluntary contributions of 1-10% . Upon termination if you have been with CCH for 3 years or more, with a 1,000 hours in each year, you will receive a percent of what is vested.

***The Cuero Wellness Center*** – Discounted membership fees for the employees and family members.

***If you will be working 40 hours or 32 hours a week, you are considered full-time and are offered additional benefits.***

***Health and Life Insurance*** – Life insurance (Accidental Death and Dismemberment) is provided to the employee at no cost. The coverage is \$20,000, depending on age. Health insurance is also offered to the employee at no cost. It is also offered to the employee's family, with the premium taken through a payroll deduction. A prescription discount

card is included. Eligible after 90 days. This is a cafeteria plan. The premiums are spouse - \$92.31, children - \$48.92, and family - \$141.23 per pay period.

**Cancer, ICU, Dental & Life Crisis** – This insurance is offered through payroll deductions. EMC Life offers Cancer and ICU, rates vary. Humana offers Dental. The premiums per pay period are \$10.01 employee and employee and family is \$28.35 for Plan 1 and \$7.40 employee and employee and family is \$22.87 for Plan . The Life Crisis is offered by EMC Life. The rates vary. These are all in a Cafeteria Plan.

**Disability** – Available through payroll deduction. Disability is offered by Bankers Life. Premiums vary. Coverage is available for employee and/or spouse. It may be a long or a short term plan.

**Medical Expense Reimbursement Accounts and Dependent Care Reimbursement Accounts** are also available.

**Lafayette Life insurance** – Life insurance for all family members. Rates vary.

**Paid Time Off** – Hours are accrued each pay period to be used for the purpose of sick, vacation and holiday. A new employee must wait till after 6 months before they can start using PTO. Each pay period hours are accrued.

**Extended Sick Leave** – In order to use the extended sick leave, first you have to use 40 hours out of PTO. Pick up a form to complete for the Executive Committee to review for approval. Each pay period hours are accrued. A new employee must wait till after 6 months before they can start using EIL.