



**La Grange | Flatonia | Giddings  
Family Health Centers**

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Giddings, TX 78942

**McBroom Clinic PA  
Employment Application**

*An Equal Opportunity Employer*

PRINT LAST NAME:		FIRST	MIDDLE	DATE:		
ADDRESS:		CITY	STATE	ZIP CODE		
TELEPHONE NUMBER: CELL: HOME:		EMAIL ADDRESS:	ARE YOU AT LEAST 18 YEARS OF AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST ANY PREVIOUS NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED:		
POSITION DESIRED: (Please complete a separate application form for each position desired)		DATE AVAILABLE TO START EMPLOYMENT:		SALARY DESIRED:		
WHAT ARE YOUR QUALIFICATIONS FOR THIS TYPE OF WORK?						
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY			ARE YOU WILLING TO WORK OVERTIME: <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOW WERE YOU REFERRED TO THIS ORGANIZATION? (Please be specific)			LIST ANY RELATIVES OR ACQUAINTANCES EMPLOYED BY THIS ORGANIZATION:			
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE(S) OF EMPLOYMENT:			IF HIRED, CAN YOU PRODUCE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO A FELONY OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:						
<b>EDUCATION:</b>						
Schooling	Name Of School	Location	Course Of Study	Graduate?	List Degrees, Certifications, Or Number Of Hours:	
High School or GED				<input type="checkbox"/> YES <input type="checkbox"/> NO		
Trade or Technical School				<input type="checkbox"/> YES <input type="checkbox"/> NO		
College or University				<input type="checkbox"/> YES <input type="checkbox"/> NO		
Business College or Other College Work				<input type="checkbox"/> YES <input type="checkbox"/> NO		
Correspondence or Evening Courses				<input type="checkbox"/> YES <input type="checkbox"/> NO		
LIST ALL COMPUTER SOFTWARE SKILLS AND ANY PROFESSIONAL OR TECHNICAL LICENSES, CERTIFICATIONS, OR REGISTRATIONS YOU POSSESS:						
<b>WORK EXPERIENCE</b>						
Name and address of most recent employer:	Dates of Employment:		Job Title	Monthly Rate of Pay	Supervisor's Name & Phone	May we contact?
	From Mo/Yr	To Mo/Yr				<input type="checkbox"/> YES <input type="checkbox"/> NO

Describe Duties:

FULL-TIME     PART-TIME     TEMPORARY

Reason for leaving:

Name and address of previous recent employer:	Dates of Employment:		Job Title	Monthly Rate of Pay	Supervisor's Name & Phone	May we contact?
	From Mo/Yr	To Mo/Yr				
						<input type="checkbox"/> YES <input type="checkbox"/> NO

Describe Duties:

FULL-TIME     PART-TIME     TEMPORARY

Reason for leaving:

Name and address of previous recent employer:	Dates of Employment:		Job Title	Monthly Rate of Pay	Supervisor's Name & Phone	May we contact?
	From Mo/Yr	To Mo/Yr				
						<input type="checkbox"/> YES <input type="checkbox"/> NO

Describe Duties:

FULL-TIME     PART-TIME     TEMPORARY

Reason for leaving:

PROFESSIONAL REFERENCES:			
Name	Position/Relationship	Organization	Telephone
1.			
2.			
3.			
4.			

I authorize the references listed above to give you an and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

I here certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I authorize **McBroom Clinic PA** to verify the accuracy of all information I have placed on this application and otherwise provided. I understand that should investigation disclose any such misrepresentations or falsification, my application will be rejected and I will be declared ineligible for employment or will be dismissed after appointment. I understand that **McBroom Clinic PA** is an equal opportunity employer and that employee selection is based solely on the person qualifications of applicants and their previous performance. In the event of my employment with **McBroom Clinic PA**, I will comply with all rules, regulations, and policies set forth in the **McBroom Clinic PA** policy manual or other communications distributed by **McBroom Clinic PA**. I understand that nothing in this employment application, in **McBroom Clinic PA** policy statements or personnel guidelines, or in any communication with **McBroom Clinic PA** is intended to create an employment contract between **McBroom Clinic PA** and me. I also understand that **McBroom Clinic PA** has the right to modify its policies without giving me any notice of any changes. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon **McBroom Clinic PA** unless it is made in writing and signed by **McBroom Clinic PA** management. I understand that if any employment relationship is established, I have the right to terminate my employment at any time and for any reason. I also understand that **McBroom Clinic PA** retains the right to terminate my employment at any time and for any reason.

My application will not be considered unless it is signed and all questions are answered. My signature will certify that I have read and that I understand all statements. If I am using electronic transmissions, the return of this completed application via electronic transmission will suffice as my signature as of the date sent.

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