

# **Application For Employment**

## **Applications will only be accepted for the current job openings**

### **Applicant Instructions**

Thank you for your interest in working at our facility. We appreciate your application and look forward to the possibility of your joining our team. This sheet is for your information. Please feel free to take it with you for your reference.

Please complete the application. Please neatly print all information so it may be easily read. Be sure all blanks are completely filled out and signed. Addresses must be complete with zip codes and apartment numbers. Use the abbreviation "N/A" if a particular provision or section in the application is not applicable to you.

You may indicate your interest in as many job openings as you like on one application. Applications and attached documents become the property of this facility once they have been submitted. You are responsible for ensuring that copies of any documents that you wish to attach to your application are, in fact, attached. All required resumes, transcripts, tests and certifications must be attached to the application when submitted. If you already have these documents on file with our office, please notify the office manager when you submit your application.

The Personnel Office will not make copies of resumes, transcripts, applications, or other materials. When you are finished with your application, please give it to the office manager. We will submit it to the hiring supervisor and you will be contacted by them if you are selected for an interview.

### **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Applications will be held open for ninety days. After ninety days if you are still interested in a position with our company you will need to resubmit an application.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools, former employers and licensing/certification agencies, if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex physical or mental disability (unrelated to ability to do the job) or age ( defined by law).

In accordance with the Department of Justice, Immigration & Naturalization Service you will be required to complete an Employment Eligibility Verification form I-9 and furnish documents in accordance with the list of acceptable documents. This requirement must be met at the time of employment.

In accordance with the Social Security Administration, you are required to present your social security card at the time of hire. This requirement must be met before employment can commence.

### **PLEASE NOTE THE FOLLOWING**

Federal/State regulations require that all employees be tested annually for TB. If you have had a TB test within the last year you must contact your previous employer and provide this facility with a copy of your test showing the dates of test and results. If you test positive we require, you will be required to have a chest xray.

This facility does not subscribe to the workers' compensation program. We handle employee injuries that occur on the job through our own work injury program. You will have certain responsibilities in that regard if you are employed and wish to have such benefits available to you.

Regarding personal phone calls, it is the policy of this facility that only Emergency calls will be accepted. You will not be summoned away from your work duties to receive a phone call. If there is an Emergency call for you a message will be taken and forwarded to your supervisor.

**Your cooperation and assistance is greatly appreciated!**

Facility: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

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

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

### Position(s) Applying For

1) \_\_\_\_\_ 2) \_\_\_\_\_

<b>Preferred Shift</b> <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Other	<b>Type of Employment</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other	<b>Salary Desired</b> \$ _____/year
<b>Are you available to work weekends?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you available to work evenings?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date Available</b> ____/____/____

Are you legally eligible for employment in the United States?  Yes  No  
(Proof of identity and employment eligibility will be required upon employment.)

Have you been discharged or asked to resign in the last five years? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, why?</i>
Have you ever been convicted of a crime/felony under any name? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, why?</i>
<i>Criminal convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.</i>

EDUCATION	Name of School	City	State	
High School				Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Received GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
College				Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Type? _____ Graduation Date ____/____/____
College				Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Type? _____ Graduation Date ____/____/____
College				Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Type? _____ Graduation Date ____/____/____
Other: Business College, Technical School and other special courses.				
Other Skills: Typing, Computer, Office Equipment, etc.				

### PROFESSIONAL LICENSURE AND CERTIFICATION

Are you currently:					<input type="checkbox"/> Registered	<input type="checkbox"/> Licensed	<input type="checkbox"/> Certified
Are you eligible for:					<input type="checkbox"/> Registered	<input type="checkbox"/> Licensed	<input type="checkbox"/> Certified
If Licensed, Registered or Certified	Type	State Issued	Date	Number			

**PREVIOUS EXPERIENCE**

<i>Current or Most Recent Employer</i>				
From ____/____/____	To ____/____/____	Company:	Phone Number: ( )	Immediate Supervisor:
Salary: \$ _____	Address:		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
Job Title				
Nature of Duties:				
<i>1st Previous Employer</i>				
From ____/____/____	To ____/____/____	Company:	Phone Number: ( )	Immediate Supervisor:
Salary: \$ _____	Address:		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
Job Title				
Nature of Duties:				
<i>2nd Previous Employer</i>				
From ____/____/____	To ____/____/____	Company:	Phone Number: ( )	Immediate Supervisor:
Salary: \$ _____	Address:		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
Job Title				
Nature of Duties:				
<i>3rd Previous Employer</i>				
From ____/____/____	To ____/____/____	Company:	Phone Number: ( )	Immediate Supervisor:
Salary: \$ _____	Address:		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
Job Title				
Nature of Duties:				

Do you have any commitments or agreements with another employer that might affect your employment with this facility?

Yes  No If yes, please explain: \_\_\_\_\_

Please explain any gaps in employment dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information regarding any change of name, use of assumed name or nickname necessary to enable a check on your record (if applicable): \_\_\_\_\_ I authorize you, at the time of my application for employment or the course of my employment, to obtain information from any source as to my education, experience, competence, character or medical history, as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief and understand that if I am hired, this application will be transferred to my individual personnel file. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated. I also understand that I may be required to successfully complete a medical exam to include urine drug screen for initial and/or continued employment. I further understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer. If I am employed, I agree to comply with and be bound by the rules and procedures of this facility.

\_\_\_\_\_  
Applicant's Signature Date

I hereby give my voluntary consent for a urine or blood sample to be collected from me at any time for the duration of my employment. The sample may then be submitted for a drug and controlled substance abuse screening test. Further, I hereby consent to the release of the test results to those officials who make employment decisions for this facility. I understand that my employment is contingent upon the drug screening results. The results of such analysis may be grounds for disqualifying me or terminating my employment. Further, I understand my failure to execute this voluntary consent will result in my not being considered for employment.

I release This facility, and all persons and entities providing information regarding my prior educational/employment history to This facility, from all liability for any damages that may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature Date

<p><b><u>FOR OFFICE USE ONLY:</u></b></p> <p>Obtain at the time the application is completed, a copy of the applicant's:</p> <p>_____ Drivers' License (or like document according to the I-9 Form)</p> <p>_____ Social Security Card (or like document according to the I-9 Form)</p> <p>_____ Applicable license or certification (i.e., RN, LVN, CNA or CMA)</p> <p>_____ CPR certification</p>
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Facility: \_\_\_\_\_

### Telephone Reference Check

Applicants Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Reference Source: \_\_\_\_\_  
(Company Name & Telephone Number)

Name of Contact Person: \_\_\_\_\_

Referral Source:  Professional  Personal

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Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Job(s) Held: \_\_\_\_\_ Verify Ending Pay: \_\_\_\_\_

Would you Rehire?  Yes  No

Reason for leaving if known? \_\_\_\_\_

Other comments:

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Name and Job Title of Person Taking Reference: \_\_\_\_\_ Date: \_\_\_\_\_

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#### Applicant Permission:

I, the undersigned, hereby authorize the release of information related to my employment. I will save this facility any previous employer or their employees harmless from the exchange of such information. I further relinquish any and all rights or claims to proceedings of any nature related to the exchange and consideration of such information.

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Applicant Signature

Social Security Number

Date

**Facility: \_\_\_\_\_**  
**INVESTIGATION FOR CRIMINAL CONVICTIONS**

1. I understand that my employment is temporary until an investigation is made to see if I have a conviction for a felony or misdemeanor for certain types of offenses, such as:
 

- Homicide	- Family Offenses	- Extortion
- Kidnaping	- Obscenity	- Stolen Property
- Sexual Assault	- Robbery	- Stolen Vehicles
- Sex Offenses	- Larceny	- Dangerous Drugs*
- Commercial Sex	- Embezzlement	(Possession / Distribution)
2. I understand the Sex Offender Conviction Data Base, Department of Public Safety records, Nurse Aide Registry and Misconduct Registry will all be accessed.
3. I understand that I will be immediately terminated if I have a conviction for an offense like those listed above.
4. I understand that I must submit the following information for purposes of the investigation.
5. A person with a conviction for drug use may be eligible for employment if he or she can submit evidence of successful completion of a drug rehabilitation program.
6. **The Misconduct Registry is a tracking system conducted by the DHS that maintains a listing of any individual that has committed the act of abuse, neglect, exploitation, or misappropriation. This facility will check this registry prior to hire and are prohibited from hiring anyone that is listed on the registry.**

Please Type or Print Legibly:

Name (Last, First, Middle)		Other Names / Alias (Marrled, Maiden)	
Social Security No.	Date of Birth (mo/day/yr)	Sex: Male _____ Female _____	
Race / Ethnicity Black _____ White _____ Other _____		Signature:	
		Date:	

**Facility Instructions:** Use the above information to complete The Criminal History Check Form.  
 Place this copy in the Employee's personnel file.

***FOR FACILITY USE ONLY***

<input type="checkbox"/> Criminal History Completed	Date _____	By _____	
<input type="checkbox"/> Eligible for hire	<input type="checkbox"/> Ineligible for hire		

Findings: \_\_\_\_\_

<input type="checkbox"/> Nurse Aide Registry Checked	Date _____	By _____	
Findings: _____			

<input type="checkbox"/> Misconduct Registry Checked	Date _____	By _____	
Findings: _____			

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Rev. 09/2013