



2100 W. WHITE ST
SUITE 150
ANNA, TX 75409
972-587-6080

EMPLOYMENT APPLICATION

POSITION YOUR APPLYING:		SOCIAL SECURITY #:
NAME: (Full Legal Name)		
ADDRESS:	CITY, STATE:	ZIP CODE:
EMAIL ADDRESS:		DESIRED SALARY:
HOME PHONE:	CELL PHONE:	ALTERNATIVE PHONE:

EDUCATION: (List Institution Name and Location)

NAME AND LOCATION	DEGREE	MAJOR/SPECIALITY	DATES ATTENDED
NAME:			
LOCATION:			
NAME:			
LOCATION:			
NAME:			
LOCATION:			
NAME:			
LOCATION:			
NAME:			
LOCATION:			

CURRENTLY WORKING ON A DEGREE/PROGRAM: No Yes

Degree/Program: _____ Estimated Completion Date: _____

JOB SKILLS: Please provide any additional information that you think would be helpful in our evaluation of your job application. Include specialized training, seminars, workshops, accreditations, special achievements or valuable skills:

MISCELLANEOUS INFORMATION:

Which job status are you willing to accept: Full-time Part-time

WORK EXPERIENCE: Please list the most recent work experience. Describe all traditional, military and voluntary work experience. Describe your knowledge, skills and abilities that demonstrate your qualifications for the position for which you are applying.

Employer: _____ Address: _____

Job Title: _____ Supervisor: _____

Dates: _____ to _____ Final Salary: _____

Duties: _____

May we contact: Yes No

Employer: _____ Address: _____

Job Title: _____ Supervisor: _____

Dates: _____ to _____ Final Salary: _____

Duties: _____

May we contact: Yes No

Employer: _____ Address: _____

Job Title: _____ Supervisor: _____

Dates: _____ to _____ Final Salary: _____

Duties: _____

May we contact: Yes No

LICENSES: (Include Driver's License or Certifications to Practice a Trade or Profession.)

TYPE	LICENSE NO.	GRANTED BY	STATE

REFERENCES: Please list full names, addresses, phone numbers and relationship of three (3) persons

Full Name	Address	Phone Number	Relationship

Compliance with the Immigration Reform and Control Act: Are you legally eligible for employment in the United States? Yes No

PRIOR CONVICTIONS: Have you ever been convicted of any violation of law, including moving traffic violations: Yes No
If yes, please provide the following:

Describe the Offense: _____ Date of Offense: _____

Date of Conviction: _____ City/State of Conviction: _____

Have you ever been terminated from employment or asked to resign by an employer? Yes No
If yes, please provide Company names and details:

When will you be available to start work? Month/Day/Year or Estimate: _____

JOB APPLICATION CERTIFICATION:

I hereby certify that all entries on this job application and any attachments are true and complete. I also agree and understand that any falsification of this information may result in my forfeiture of employment.

Y.H. Anna, PLLC / Your Healthcare and all related entities are equal opportunity employers. We do not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand and agree that my employment is at-will and can be terminated with or without cause and with or without notice at any time at the option of either me or the Company. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Company to hire me.

I understand that all information on this job application is subject to verification and I consent to financial, criminal history and background checks. I also agree that you may contact references and educational institutions listed on this application.

JOB APPLICANT SIGNATURE _____ DATE _____