

Date received \_\_\_\_\_

Time received \_\_\_\_\_

Received by \_\_\_\_\_



# APPLICATION FOR EMPLOYMENT

**PRINT IN BLACK INK OR TYPE.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. Mercy Kids Rehab is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must be signed**

**Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice.

NAME \_\_\_\_\_  
(Last) (First) (Middle) (Daytime Phone)

MAILING ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip) (Work Phone, Optional)

E-MAIL ADDRESS \_\_\_\_\_

List any other names used if different from name on this application. \_\_\_\_\_

List exact title of position or type of work and location for which you wish to apply:			
List the Location with which you wish to apply:	Do you have any relatives working for this agency? If so, list names and relationships:		

Full-Time  Part-Time  Summer  Temp/Project  Date available for work? \_\_\_\_\_ Are you at least 17 years of age? Yes  No

Are you willing to work hours other than 8-5? Yes  No  What days are you unable to work? \_\_\_\_\_

Are you willing to travel? Yes  No  If yes, what percent of time? \_\_\_\_\_

Current Driver's License # (if required for position) \_\_\_\_\_  
(State) (Number)

**Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge?** Yes  No  If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

## EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED? Yes  No  If yes, name and location of high school or GED institute: \_\_\_\_\_

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

## AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.T., SLP, OT., R.N. etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? \_\_\_\_\_

Sign Language (If required for this position) Yes  No

Are you a certified interpreter? Yes  No

Do you speak a language other than English? (If required for this position) Yes  No

If yes, what language(s) do you speak? \_\_\_\_\_

How fluently? Fair  Good  Excellent

Do you write in a language other than English? (If required for this position) Yes  No

If yes, which language(s) \_\_\_\_\_

Have you ever been employed by Mercy Kids Rehab? Yes  No

Are you currently employed by Mercy Kids Rehab? Yes  No

If you have been previously employed by the Mercy Kids Rehab, list the agency/agencies:

**MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes  No  If yes, list type of discharge \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

Are you a surviving spouse of a veteran who has not remarried? Yes  No

Are you a surviving orphan of a veteran Yes  No   
killed while on active duty?

If yes, complete dates of service for veteran \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that Mercy Kids Rehab will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION MUST BE SIGNED** SIGN HERE:

X

Signature – Applicant

Date





## APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting Number	2. Last Name (Type or Print)			First	Middle
3. Address	City	State	ZIP Code	4. Daytime Phone	5. Work Phone
6. Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female	7. Birth Date	8. Ethnic Origin <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian <input type="checkbox"/> I-American Indian or Alaskan Native <input type="checkbox"/> P-Native Hawaiian or Other Pacific Islander <input type="checkbox"/> M-Two or More Races			
9. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Surviving Spouse of Veteran who has not remarried <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Orphan of Veteran killed on active duty <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Former Texas Foster Youth 25 yrs of age or younger <input type="checkbox"/> Yes <input type="checkbox"/> No		

13. How did you **first** find out about this job?

<input type="checkbox"/> 01 - Other State Employee	<input type="checkbox"/> 06 - Newspaper _____ Name of Newspaper	<input type="checkbox"/> 11 - WorkInTexas.com
<input type="checkbox"/> 02 - Job Fair	<input type="checkbox"/> 07 - College/University Career Day	<input type="checkbox"/> 12 - Other (specify): _____
<input type="checkbox"/> 03 - Professional Publication	<input type="checkbox"/> 08 - Human Resource/Personnel Office	
<input type="checkbox"/> 04 - Recruitment Poster	<input type="checkbox"/> 09 - Radio	
<input type="checkbox"/> 05 - Television	<input type="checkbox"/> 10 - Agency Web Site - Internet	

# X

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Date

**White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black** – a person having origins in any of the black racial groups of Africa.

**Hispanic** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaskan Native** – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Two or More Races** – a person who primarily identifies with two or more of the above race/ethnicity categories.

**AN EQUAL OPPORTUNITY EMPLOYER**