

Morning Glory Provider Services

Application for Employment

Position(s) applied for: _____ Date of application: ____/____/____

Last Name: _____ First Name: _____ Middle Name or Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone #: (____) _____ Mobile/Pager/Other Phone#: (____) _____ Social Security #: ____-____-____

If you are under 18 and required, can you furnish a work permit? Yes No Have you been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No Date available for work: _____

Type of employment desired: Full-time Part-time Temporary Contract

Are you able to meet the attendance requirements of this position? Yes No

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain: _____

Driver's license number: _____ State issued: _____

Military Services: Yes No Status: _____

Emergency Contact: _____ Phone#: _____

Employment History

From:	To:	Employer:	Telephone: ()
Job Title:		Address:	
Immediate Supervisor and Title:		Summarize the nature of work performed and job responsibilities:	
Reason for Leaving:		Start Hourly rate/Salary:	Final Hourly rate/Salary:

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Skills and Qualifications

Summarize any training, skills, licenses, and certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Educational Background

Name and Location	Years Completed	Did you Graduate?		Course of Study
		Major	Degree	
High School				
College				
Other				

References

Name	Address	Telephone
		()
		()
		()

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give the agency the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the agency and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. **The agency does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant for employment on a basis prohibited by local, state or federal law.** This application is current for only 60 days. At the conclusion of this time, if I have not heard from the agency and still wish to be considered for employment, it will be necessary to fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the agency reserves the same right to terminate my employment at any time, with or without prior notice. Except as may be required by law, this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the agency, other than authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer. I understand it is the agency policy not to refuse to hire a qualified individual with a disability because of the person's need for reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that I am giving Morning Glory Provider Services written permission to run a criminal history check, and a search of the Nurse Aide Registry and the Employee Misconduct Registry. If there is a negative finding on the Nurse Aide Registry, Employee Misconduct Registry, or criminal history that bars employment as specified in the Health and Safety Code Chapter 250.006 or any other conviction that the agency determines is in conflict with the job I am applying for, I will not be eligible for hire. A search of the Nurse Aide Registry and the Employee Misconduct Registry will be performed prior to hire and then annually thereafter.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS and authorize Morning Glory Provider Services to perform a criminal history check, and a search of the Nurse Aide Registry and the Employee Misconduct Registry.

Signature of Applicant _____

Date: ____/____/____