

# Employment Application



It is this clinic's policy to provide equal employment opportunities without regard to age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability.

APPLICANT NAME: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No Prior/Other Names: \_\_\_\_\_

Position applying for: \_\_\_\_\_ FT PT Desired Salary: \_\_\_\_\_ Available: \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No (In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.)

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years?  Yes  No If yes, please give date, place and nature of each such conviction on back of this page:

Military Service: Branch: \_\_\_\_\_ Dates of Services: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

### Educational History

	Name and Location of School	Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To:		

List professional licenses you possess. Indicate type of license, number, state, expiration date

TYPE	Number and State	Expiration Date

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate age, race, color, religion, military status, gender preference, sex, marital status, national origin or disability.

List languages spoken other than English: \_\_\_\_\_

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc:

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please list the last **seven** years of employment. Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient:

1. Company Name	Complete Address include City/ST/Zip	Phone Number	Supervisor's name
Date Started: Date Left:	Type of Business: _____ Ending Salary: _____ FT PT	Reason for leaving	OK to contact supervisor? ___ Yes ___ No
<b>Describe your job title, responsibilities and accomplishments</b> _____ _____ _____			
2. Company Name	Complete Address include City/ST/Zip	Phone Number	Supervisor's name
Date Started: Date Left:	Type of Business : _____ Ending Salary \$ _____ FT PT	Reason for leaving	OK to contact supervisor? ___ Yes ___ No
<b>Describe your job title, responsibilities and accomplishments</b> _____ _____ _____			
3. Company Name	Complete Address include City/ST/Zip	Phone Number	Supervisor's name
Date Started: Date Left:	Type of Business : _____ Ending Salary \$ _____ FT PT	Reason for leaving	OK to contact supervisor? ___ Yes ___ No
<b>Describe your job title, responsibilities and accomplishments</b> _____ _____ _____			

Applicant Name: \_\_\_\_\_

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

**Personal References:**

Name	Phone Number	Relationship

Please review and sign:

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the clinic, my employment will be for no definite term and that either I, or the clinic will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice.
- I understand, if I am an unlicensed person who has face-to-face patient/client contact, that the clinic will perform a criminal history check per State Regulations as well as a check of the Nurse Aide Registry, Employee Misconduct Registry and OIG Exclusion List I understand that": 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against consumers are denied employment;
- I understand and consent to a pre-employment drug screen. I understand that Complete Healthcare Services is a Drug-Free Work place and testing positive for any illegal substances will nullify any job offer.
- I understand that "In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire."
- I understand that employer will regularly check the Texas Office of Attorney General and the Federal OIG exclusion websites for employability.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY	INTERVIEWS	EXCLUSION LIST/REFERENCES CHECKED	IF HIRED:	START DATE: ___ Full Time ___ Part Time

Pre-Employment Interview: