

EMPLOYMENT APPLICATION

1st Choice Provider Services, PLLC

DBA Patient First Hospice & Palliative Care

Office: 832-916-3552 | Fax: 832-532-3696 | www.patientfirstgroup.com

POSITION INFORMATION

Position Applied For: Date Available:

Employment Desired: ☐ Full-time ☐ Part-time ☐ PRN

PERSONAL INFORMATION

Legal Name (First, Middle, Last):

Preferred Name: Phone:

Email:

Current Address:

City: State: ZIP Code:

Social Security Number: Date of Birth:

EMPLOYMENT ELIGIBILITY

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require employment sponsorship? ☐ Yes ☐ No

EDUCATION

Education #1 Institution:

Degree/Certificate: Graduation Date:

Graduated? ☐ Yes ☐ No

Education #2 Institution:

Degree/Certificate: Graduation Date:

Graduated? ☐ Yes ☐ No

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PROFESSIONAL LICENSES AND CERTIFICATIONS

Credential #1

License/Certification Name:

Issuing Authority: License/Certification No.:

Expiration Date: State:

Credential #2

License/Certification Name:

Issuing Authority: License/Certification No.:

Expiration Date: State:

EMPLOYMENT HISTORY - MOST RECENT EMPLOYER

Company Name: Phone:

Address:

Position Held: Supervisor:

Dates Employed From: To:

Reason for Leaving:

EMPLOYMENT HISTORY - EMPLOYER #2

Company Name: Phone:

Address:

Position Held: Supervisor:

Dates Employed From: To:

Reason for Leaving:

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EMPLOYMENT HISTORY - EMPLOYER #3

Company Name: Phone:

Address:

Position Held: Supervisor:

Dates Employed From: To:

Reason for Leaving:

PROFESSIONAL REFERENCES

Reference #1 Name: Phone:

Relationship: Email:

Reference #2 Name: Phone:

Relationship: Email:

Reference #3 Name: Phone:

Relationship: Email:

EMERGENCY CONTACTS

1. Name: Relationship:

Phone: Alternate Phone:

2. Name: Relationship:

Phone: Alternate Phone:

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BACKGROUND CHECK

As a condition of employment, are you willing to undergo job-related background screening, which may include criminal history, employment and education verification, professional license verification, exclusion-list screening, and a driving-record check when relevant to the position?

☐ Yes ☐ No

A Yes response does not by itself authorize a third-party consumer report. Any separate disclosure and authorization required by applicable law will be provided before such a report is obtained.

CRIMINAL CONVICTION HISTORY

Have you ever been convicted of a felony or misdemeanor, excluding minor traffic violations?

☐ Yes ☐ No

If yes, please provide the offense, conviction date, jurisdiction, and final disposition below. A conviction does not automatically disqualify an applicant from employment. Do not disclose records that have been expunged, sealed, or that you are not legally required to disclose.

Explanation:

INDIVIDUALIZED REVIEW

When permitted or required by law, the Company will consider the nature and seriousness of the offense, the time elapsed, its relationship to the position, the applicant's explanation, and applicable Texas healthcare-employment requirements.

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AUTHORIZATION AND APPLICANT CERTIFICATION

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that false, misleading, or omitted information may result in denial of employment or termination of employment.

I authorize 1st Choice Provider Services, PLLC, DBA Patient First Hospice & Palliative Care (the Company), to verify the information I provided, including my employment history, education, professional licenses or certifications, and professional references.

I authorize persons, employers, educational institutions, licensing authorities, and other organizations contacted by the Company to provide relevant information, and I release them and the Company from liability arising from the lawful disclosure or use of that information.

I understand that employment, if offered, is not guaranteed for any specific period and may be subject to additional lawful screening, credentialing, health, and onboarding requirements applicable to the position.

I understand that this application is not a contract or an offer of employment. If hired, I agree to comply with the Company's policies and procedures, as amended from time to time.

Signature of Applicant:

Date:

Printed Legal Name:

By signing above, the applicant certifies and authorizes the information contained in Pages 1-5. The optional demographic form that follows is not part of the hiring decision.

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OPTIONAL - NOT USED IN THE HIRING DECISION

VOLUNTARY RACE AND ETHNICITY SELF-IDENTIFICATION

Providing this information is voluntary. It is requested only for equal employment opportunity recordkeeping and reporting. It will be kept confidential to the extent permitted by law, maintained separately from hiring decision materials, and will not be used to make an employment decision. You may decline to answer without penalty.

Ethnicity (select one)

- ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to self-identify

Race (select one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Two or More Races
☐ Decline to self-identify

Applicant Name (optional):

Date Completed (optional):

EQUAL EMPLOYMENT OPPORTUNITY

1st Choice Provider Services, PLLC, DBA Patient First Hospice & Palliative Care, is an equal opportunity employer. Employment decisions are made without unlawful discrimination or retaliation and in accordance with applicable federal, state, and local law.

DETACH AND MAINTAIN SEPARATELY FROM THE EMPLOYMENT APPLICATION