

# APPLICATION FOR EMPLOYMENT

## EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

THIS FACILITY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE RECRUIT, HIRE, TRAIN AND EMPLOY WITHOUT DISCRIMINATION DUE TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, DISABILITY, SEX, MARITAL STATUS, OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATES OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL OR STATE LAW.

**The Facility has committed to give hiring preference among qualified applicants who signify on their 2019 TXCDBG Survey Questionnaire that their family income for the most recent 12 months was LESS THAN 80% MEDIAN FAMILY INCOME FOR SMITH COUNTY, ADJUSTED FOR FAMILY SIZE.**

**PLEASE PRINT ALL REQUESTED INFORMATION**

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

POSITION(S) APPLIED FOR

SALARY DESIRED

ARE YOU APPLYING FOR

FULL TIME

PART TIME

REGULAR

TEMPORARY

SUMMER EMPLOYMENT

IF SEEKING PART TIME WORK, SPECIFY THE NUMBER OF DAYS PER WEEK: \_\_\_\_\_

LAST NAME

FIRST NAME

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP CODE

AREA CODE

TELEPHONE NUMBER

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DAY

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EVENING

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES IN THE JOB(S) FOR WHICH YOU ARE APPLYING? YES NO

ARE YOU 18 OR OLDER?

YES

NO

Email Address:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF THE CRIME AND YOUR SUBSEQUENT REHABILITATION.

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?

YES

NO

IF YES, DATES, POSITION AND DEPARTMENT EMPLOYED:

HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE?

YES

NO

WHEN: \_\_\_\_\_

DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED AT THIS COMPANY?

YES

NO

NAME: \_\_\_\_\_

HOW WERE YOU REFERRED?

NEWSPAPER AD

FRIENDS/RELATIVE

EMPLOYEE REFERRAL

REHIRE

OTHER \_\_\_\_\_

HAVE YOU EVER BEEN DISCIPLINED FOR RESIDENT OR PATIENT ABUSE?

YES

NO

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB POSITION? YES NO

IF "YES", EXPLAIN FULLY (A YES ANSWER IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT)

HOW SOON ARE YOU AVAILABLE TO BEGIN EMPLOYMENT?

\_\_\_\_\_

SHIFT PREFERENCE (CHECK ONE)

IF PREFERRED SHIFT IS UNAVAILABLE WILL YOU WORK:

DAY

YES

NO

DAY

EVENING

EVENING

NIGHT

NIGHT

IF REQUIRED, WILL YOU WORK: YES NO

SATURDAYS

SUNDAYS

HOLIDAYS

ROTATING SHIFTS

APPLICANT SIGNATURE

DATE

# EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER, LIST THE LAST FOUR POSITIONS OF EMPLOYMENT HELD IN DATE ORDER. NOTE AND EXPLAIN ANY PERIODS FOR WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION."

NAME OF EMPLOYER	POSITION HELD	DATES FROM                  TO	HOURS PER WEEK
ADDRESS	NAME AND TITLE OF SUPERVISOR	CAN WE CONTACT THIS EMPLOYER NOW? ____ YES    ____ NO	TELEPHONE NUMBER (    ) _____ - _____
CITY                          STATE    ZIP	REASON FOR LEAVING		STARTING SALARY ENDING SALARY

DUTIES

NAME OF EMPLOYER	POSITION HELD	DATES FROM                  TO	HOURS PER WEEK
ADDRESS	NAME AND TITLE OF SUPERVISOR	CAN WE CONTACT THIS EMPLOYER NOW? ____ YES    ____ NO	TELEPHONE NUMBER (    ) _____ - _____
CITY                          STATE    ZIP	REASON FOR LEAVING		STARTING SALARY ENDING SALARY

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CITY                          STATE    ZIP	REASON FOR LEAVING		STARTING SALARY ENDING SALARY

DUTIES

GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON RECEIPT OF FAVORABLE REFERENCES

**EDUCATION**

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	LIST DIPLOMA/DEGREE(S) OBTAINED
HIGH SCHOOL				
COLLEGE(S)				

AREA OF SPECIALIZATION OR MAJOR INTEREST

**UNITED STATES MILITARY SERVICE**

If you obtained any experience or skills while in military service that relate to the job for which you are applying, please describe the nature of your duties that led to the experience.

**ADDITIONAL INFORMATION**

Please include any additional information that you think would be applicable: e.g., internships, additional relevant employment, and explanation of any gaps in employment. Do not provide any information which would denote race, sex, age, marital status, disability, national origin, ancestry, religious or political affiliations, or any other characteristic or status protected by federal or state law.

**READ CAREFULLY BEFORE SIGNING:**

I authorize the investigation of all statements contained on this application and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you. I also understand that the Company may conduct a background check, which may include a review of criminal history records, driving records, prior employment history, educational background and/or other records. I understand that the background check may also include a review of my background by means other than a review of public records. I consent to allowing the Company to conduct this background check.

In consideration of my employment I agree to comply with the rules, regulations, and policies of the company and acknowledge that these rules, regulations and policies may be changed at any time with or without notice for any reason not violative of the law. I also agree and understand that my employment and compensation are at will, and can be terminated, with or without cause and with or without notice, at any time, at the option of either the company or myself. I also understand and agree that terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I also understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharge at any time. I also understand that falsification of information on this application or during the hiring process can also be a crime, and may also be used as a basis for disqualification from workers compensation benefits.

As a condition of employment, I hereby consent to testing for drug and/or alcohol use, as determined to be appropriate by management, either before being hired, and after being made a conditional offer of employment, and/or at any time during my employment with the company.

DATE \_\_\_\_\_ / \_\_\_\_\_ / 20

SIGNATURE \_\_\_\_\_