



Name: _____

Date: _____

APPLICATION FOR EMPLOYMENT

Please answer all questions: if one does not apply, insert “NA.” Do not include information about race, color, creed, sex, national origin or ancestry. Also, information prohibited by federal, state, or local regulations should be omitted, i.e.: age, religious affiliation.

If you need assistance, accommodation, or if you have specific questions about the job application process, please contact Sherry Wilkie-Conway.

An Equal Opportunity Employer

Occasionally the form of an application makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper position for you in the company, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the company will be based only on your merit and on no other considerations.

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATIONS AND AGREEMENT**

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

I authorize and request each employer and each person, organization, firm or corporation listed to furnish any information that may be sought by the Texas Health Institute, or its designate on behalf of THI, concerning my work, habits, character or skill; and I hereby waive any privileges involved.

I authorize and request each school, college or university that I have attended to furnish any information that may be sought by THI, concerning my scholastic achievements, habits, character, or skill; and I hereby waive any privileges involved. Following any offer of employment, I authorize and request the release of any medical information that may be sought by THI, concerning my physical abilities to work; and I hereby waive any confidentiality privileges involved.*

Date _____ Signature of Applicant _____

*Note: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.

DO NOT WRITE BELOW THIS LINE

INTERVIEWED _____ YES _____ NO _____ DATE _____ HOUR _____

INTERVIEWED BY _____

COMMENTS _____

AN EQUAL OPPORTUNITY EMPLOYER