



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

APPLICATION FOR EMPLOYMENT

Last Name:	First Name:	Middle Name:				
Phone no: (Area Code)	Social Security No:					
Address:	City:	State:	Zip Code:			
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you prevented from lawfully becoming employed in the U.S. because of visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever worked for the Texas Health Institute ? If yes, then give dates. <input type="checkbox"/> Yes <input type="checkbox"/> No Date :						
Within the past 5 years, have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give an explanation. (Convicted does not automatically exclude you from consideration for employment and you will be given the opportunity to explain any conviction.)						
If you have any criminal conviction, would any criminal records identify you under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the other names(s)?						
Have you been known by any other name(s) that THI will require to verify your education records as furnished in this application? If yes, give name(s) and identify related school and/or employer?						
Position Applied for:						
Date available for employment:		Base salary or wage rate requested:				
EDUCATION						
Type of School	Name of School	Location City and State	Year Completed	Date Attended From To	Major Subject	Graduated? Degree(s)?
Grade						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
College						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
Graduate						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
Business, Trade/Apprentice					Subjects Covered	
Other						
MILITARY						
Branch of Service	Date Entered	Highest Rank		Date Discharge/Separation		
PREVIOUS ADDRESS						
List residence addresses for the last 10 years.						
Street Address	City/State	How long were you at this address?				

PRESENT AND PRIOR EMPLOYMENT

Give details of your last three employers and, where necessary, list other previous positions that account for your employment record over the last ten years. List present or last positions first and account for all lapses of time. Include details of military service where specialties or duties are relevant to the job or position you are seeking with the Texas Health Institute.

Company	Phone no:	From (DATE) To (DATE)	Base Rate of Pay
Address	Type of Business	Bonus:	
Job Title	Briefly Describe your duties		
Name of Supervisor	Title	Reason for leaving (Be specific: Quit, Layoff, Discharge, etc.)	
Company	Phone no:	From (DATE) To (DATE)	Base Rate of Pay
Address	Type of Business	Bonus:	
Job Title	Briefly Describe your duties		
Name of Supervisor	Title	Reason for leaving (Be specific: Quit, Layoff, Discharge, etc.)	
Company	Phone no:	From (DATE) To (DATE)	Base Rate of Pay
Address	Type of Business	Bonus:	
Job Title	Briefly Describe your duties		
Name of Supervisor	Title	Reason for leaving (Be specific: Quit, Layoff, Discharge, etc.)	

OTHER PREVIOUS POSITIONS

From		From		Name of Company	Current Address of Employer City & State	Position	Last Base Rate of Pay	Reason for Leaving
Mo.	Yr.	Mo.	Yr.					

May your present employer be contacted? Yes _____ No _____

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