TEJAS HEALTH CARE
APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

Position(s) Applied for		Date of Application		
Print Name (Last, First, & Middle)				
Street Address		City	State	Zip Code
Main Phone Number	Alternate Phone Number	Email		

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional page if necessary.

Name of Employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

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Have you ever been involuntarily terminated or asked to resign from any job?.....☐ Yes ☐ No

If yes, please explain

Please explain any gaps in your employment history:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra-Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					

BUSINESS AND PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

PERSONAL REFERENCES

Please list three people who know you well.

Name and Title	Relationship and Years Acquainted	Phone Number or Email

GENERAL INFORMATION

1. Have you ever used another name?.....☐ Yes ☐ No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?.....☐ Yes ☐ No
    a. If yes to either of the above, please explain:

    _____

    _____
3. Have you ever worked for Tejas Health Care before?.....☐ Yes ☐ No
    a. If yes, please give dates and position: _____
4. Do you have friends and/or relatives working for Tejas Health Care?.....☐ Yes ☐ No
    a. If yes, name(s) and relationship(s): _____
5. On what date are you available to begin work? _____
6. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

7. Are you available to work? ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary
8. If hired, would you have a reliable means of transportation to and from work?.....☐ Yes ☐ No
9. Can you travel if the position requires it?.....☐ Yes ☐ No
10. Can you relocate if the position requires it?.....☐ Yes ☐ No
11. Are you at least 18 years old? .....☐ Yes ☐ No
    a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
12. If hired, can you present evidence of your identity and legal right to work in this country?.....☐ Yes ☐ No
13. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?.....☐ Yes ☐ No
    a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize Tejas Health Care to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to Tejas Health Care any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Tejas Health Care, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with Tejas Health Care, I understand that I am required to comply with all policies and procedures of Tejas Health Care.

_____ If hired, I understand and agree that my employment with Tejas Health Care is at-will, and that neither I, nor Tejas Health Care is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that safety of employees is extremely important to Tejas Health Care and that Tejas Health Care is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that, if I am given a conditional job offer, Tejas Health Care will require consent for a background check. I also agree that, as long as I remain a member of the Staff at Tejas Health Care the criminal history records check may be repeated at any time and at least annually. I understand that the criminal history could contain information presumed to be expunged.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____ **Date:** _____

Submit completed application to HR@tejashealthcare.org

SUBMIT