

# TEJAS HEALTH CARE

## Employment Application



### APPLICANT INFORMATION

Last Name		First Name			M.I.	Date	
Date of Birth		Street Address					
City			State		ZIP		
Phone:			E-mail Address:				
Date Available:		Social Security No.			Driver License #		
Type of Employment:		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Evenings / Weekends <input type="checkbox"/>		On-Call <input type="checkbox"/>	Temporary <input type="checkbox"/>
Position Applied for:				Desired Salary:			
Do you have any friends or relatives currently or previously employed with Tejas Health Care?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	Who?
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for Tejas Health Care?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
Do you have computer skills?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
What languages you speak other than English?							

### EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

### REFERENCES

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Full Name		Relationship	
Company		Phone	
Full Name		Relationship	
Company		Phone	

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PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

**Please Read and Initial Each Paragraph**

I understand that any misrepresentation or material omission made by me on this application will be sufficient for cancellation of this application or, if discovered after I am hired, may result in my immediate discharge from employment. \_\_\_\_\_

I authorize Tejas Health Care to contact and obtain information from all references, previous or current employers listed above, and from educational institutions and to otherwise verify the accuracy for the information contained in this application. I hereby release from liability Tejas Health Care and its representatives for seeking, gathering and using such information to make the decision as to my employment at Tejas Health Care. \_\_\_\_\_

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In the event I am employed, I understand that I must comply with all Tejas Health Care's policies and procedures. I further understand that my employment with Tejas Health Care or any of its affiliated companies is for an unspecified term and may be terminated at the will of Tejas Health Care or the employee without cause. No words or actions of the company will be deemed to create an express or implied contract of employment or require that the company have good cause for termination my employment. \_\_\_\_\_

I represent and warrant that I have read and fully understand the forgoing and seek employment under these conditions. \_\_\_\_\_

### Authorization and Consent for Background Checks

Please read and initial each of the following paragraphs:

All information submitted by me in connection with my application for a position as employee, contractor, or volunteer ("Staff"), for credentialing is true to the best of my knowledge. I understand that any misstatements in or material omissions from my application materials may constitute cause for rejection of my application or, if discovered at any time after my acceptance, termination of privileges and employment. \_\_\_\_\_

I hereby authorize Tejas Health Care to communicate with other entities and individuals concerning knowledge of my professional competence, character and ethics, and to inspect all documents, school transcripts, and other records, that may be material to an evaluation of my qualifications and competence for the clinical privileges and functions requested, as well as my moral and ethical qualifications for employment. \_\_\_\_\_

I understand that, if I am given a conditional job offer, Tejas Health Care may also then ask me for medical information or a medical examination, at which time I will be asked for an additional consent which complies with requirements of HIPAA Privacy rules. \_\_\_\_\_

I also authorize Tejas Health Care to obtain information relating to my criminal history including arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. 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 authorize and request all persons, schools, public and private entities, credit bureaus, courts, law enforcement agencies, armed forces, employment commissions and all other government agencies to release information about me without restriction or qualifications. I understand that the request for my Date of Birth and Social Security Number is only for the purpose of identifying me for background verification. I authorize a Photostat, facsimile or other copy of this release to be considered as effective as the original. \_\_\_\_\_

I hereby release Tejas Health Care and its directors, officers, health care providers, employees, contractors, attorneys, insurers, agents, and representatives from liability for their actions in connection with obtaining and evaluating my application, credentials, and qualifications. I hereby release any and all individuals and organizations that provide information to Tejas Health Care and its directors, officers, healthcare providers, employees, contractors, attorney, agents, and representatives from liability for comments concerning my professional competence, character, ethics and other qualifications for employment and privileges. \_\_\_\_\_

In the case of employment or continued employment, I agree to abide by the requirements for coverage by the Federal Tort Claims Act ("FTCA"). I will cooperate fully in all measures to improve quality and reduce risks; I will cooperate fully with any investigation(s) and support defense of liability claims. I understand that if I am made an offer for employment, an evaluation of my physical and mental fitness may be required consistent with the requirements for liability coverage by the FTCA. \_\_\_\_\_

By signing below, I hereby authorize Tejas Health Care to perform a "background check" about me from a "background reporting agency" and to consider the "background check" when making decisions regarding my employment at Tejas Health Care. If hired, this authorization shall remain on file and shall serve an ongoing authorization for Tejas Health Care to procure background investigations at any time during my employment. \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

Applications are considered for all positions without regards to race, color, religion, sex, sexual orientation, national origin, or the extent provided by law, age, marital status, pregnancy, medical condition, physical or mental disability, record of physical or mental disability, or being regarded as having such disabilities, or any other classification made unlawful by statute, ordinance or common law. If you require accommodations of disability in order to complete this application or the interview process, please call 979-968-2000 so that Tejas Health Care can make the necessary accommodations. Please provide Tejas Health Care with 2 work days notice.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application and/or interview may result in termination.

Signature

Date