



EMPLOYMENT APPLICATION

Name: _____ Social Security Number _____

Other Names Used in Employment: _____

Address: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Position Applied for: _____

License/ Certification Number: _____ Expiration Date: _____

Driver's License Number: _____ Expiration Date: _____

To qualify for employment, you must be either (a) a citizen of the United States of America, or (b) a registered alien with government permission to work in this country. Does either statement (a) or (b) describe your status as a resident of this country? Yes No

Have you ever been fired or asked to resign? Yes No

Have you ever been convicted, fined (excluding minor traffic offenses), placed on probation, or given a suspended sentence in any court? Yes No



EDUCATION

Name and address of Colleges or School Attended	Dates Attended	Major Subject or Course	Degree or Certificate Received
	From		
	To		
	From		
	To		
	From		
	To		

JOB EXPERIENCE

Job Title	Employer and Address	Duration of Work	Job Responsibilities	Reason for Leaving
		From		
		To		
		From		
		To		
		From		
		To		

May we contact your former employer(s) for references? Yes No

Can we conduct a Criminal Background Check on you? Yes No

Please note that this agency is an equal opportunity employer and that this agency does not discriminate on the basis of sex, race, ethnicity color, or creed.

Certification of the applicant:

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statement of material facts or omissions may be subject to my disqualification or dismissal.



Signature: _____

Date: _____

TELEPHONE REFERENCE CHECK

Applicant Name: _____ Reference Name: _____

Position Applied for: _____

Date of Telephone Reference Check: _____ Contact Number: _____

Employer Contact Person: _____ Position: _____

Employment dates: From: _____ To _____

Position: _____

Reason for Leaving: _____

Would You Rehire: Yes No If No, Please Explain: _____

Comments: _____

Additional Comments: _____

Person Completing the Telephone Reference Check:

Name _____

Title _____



TELEPHONE REFERENCE CHECK

Applicant Name: _____ Reference Name: _____

Position Applied for: _____

Date of Telephone Reference Check: _____ Contact Number: _____

Employer Contact Person: _____ Position: _____

Employment dates: From: _____ To _____

Position: _____

Reason for Leaving: _____

Would You Rehire: Yes No If No, Please Explain: _____

Comments: _____

Additional Comments: _____

Person Completing the Telephone Reference Check:

Name _____ Title _____



Notification and Authorization to Release Criminal Information for Employment Purposes

Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize SUGAR LAND REHAB HOSPITAL to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist Senior Care in collecting this information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for SUGAR LAND REHAB HOSPITAL residents, patients, employees, and other community members.

Position(s) Applied for: _____

Unit/Department: _____

Please print (for identification purposes):

Full Legal Name: _____

First

Middle

Last

Other Names You Have Used in Past Seven Years: _____

Current Address: _____

Previous Address (most recent): _____

Addresses in the 7 years prior to completing this authorization: _____



Phone Number: _____

Alternate Phone Number: _____

Date of Birth: _____
Month/Day/Year

Gender: Female _____ Male _____

Social Security Number: _____

Driver's License # _____

State of Driver's License _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes _____ (provide detail on next page) No _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with SUGAR LAND REHAB HOSPITAL. By signing below I hereby provide my authorization to SUGAR LAND REHAB HOSPITAL to conduct a criminal background check and I acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act which is attached. In addition to those rights, I understand that I have a right to appeal an adverse employment decision made by SUGAR LAND REHAB HOSPITAL based on my background check information.

Signature

Date



DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> initial
Purpose of CCH:	_____
Empl <input type="checkbox"/> Vol/Contractor <input type="checkbox"/>	<input type="checkbox"/> initial
Date Printed: _____	<input type="checkbox"/> initial
Destroyed Date: _____	<input type="checkbox"/> initial
Retain in your files	