



PLEASE PRINT

Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, or to the extent provided by law, age, marital status, pregnancy medical condition, physical or mental disability, record or 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 accommodation of a disability in order to complete the application or interviewing process, please inform Human Resources so that we can have the best opportunity to provide necessary and reasonable accommodations. We ask that you give us as much notice as possible prior to the need.

Position(s) applied for _____ Date of application ____/____/____

Name _____
Last First MI Other names under which previous employment may be verified

Address _____
Street City State ZIP Code

Telephone # (____) _____ Cell/Other Phone (____) _____ Social Security # _____

Are you legally eligible for employment in this country? Yes No

Are you under 18? Yes No

Are you able to meet the attendance requirements of the position Yes No

Date available for work: ____/____/____ Salary requirements: \$_____ Per _____

Type of employment desired: Full-Time Part-Time Temporary On-Call Evenings/Weekends

Have you been employed by us before? Yes No

Do you have any friends or relatives currently or previously employed at CHCNET or any of its affiliated centers? Yes No

Have you been convicted, pled guilty, pled nolo contendere, or received deferred adjudication of a crime in the last seven (7) years? Yes

If yes, please explain: _____

Are you currently, have you ever been or for any reason do you anticipate being the subject of an investigation by any hospital, licensing authority, DEA or DPS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program?..... Yes.... No

If yes, please explain: _____

What prompted you to apply here? Website _____ Newspaper Ad/Name _____

Friend or Relative/Name _____ Current Employee/Name _____

EMPLOYMENT HISTORY

List all employment for the last 7 years, including part-time, self-employment, and military service, and inactivity between employment. The phrase "see resume" is not acceptable. Begin with most recent employer and attach additional sheets as necessary. Please be as specific and detailed as possible. **Even if you have attached a resume, this section must be completed.**

From	To	Employer			
Address				Telephone ()	
Immediate Supervisor		Title			
Job title		Hourly Rate/Salary		Final \$	Per
		Start \$	Per		
Summarize Nature of Work Performed					
Reason for Leaving					
From	To	Employer			
Address				Telephone ()	
Immediate Supervisor		Title			
Job title		Hourly Rate/Salary		Final \$	Per
		Start \$	Per		
Summarize Nature of Work Performed					
Reason for Leaving					
From	To	Employer			
Address				Telephone ()	
Immediate Supervisor		Title			
Job title		Hourly Rate/Salary		Final \$	Per
		Start \$	Per		
Summarize Nature of Work Performed					
Reason for Leaving					

POSITION RELATED INFORMATION

Are you able to perform the essential functions of the job with or without reasonable accommodations? Yes No
 (If you are not sure what the essential functions of the job applied for are, you are urged to contact a company representative for clarification.)

If you are unable to work days/hours, please explain: _____

Will you travel if required? Yes No Amount _____% Would you relocate? Yes No

U.S. Military Service Dates: From ___/___/_____ To ___/___/_____ Type of Discharge _____

Reserve Training Obligation, if any: _____

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did you Graduate?	Course of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SKILLS (Answer if necessary or relevant to the job for which you are applying)

Computer knowledge, including software, and business equipment you can operate: _____

List other office, business, or maintenance equipment you can operate: _____

Foreign languages spoken and/or educational or specialized training: _____

REFERENCES Provide 3 **professional** references (**not** family members) that may be contacted to verify your qualifications.

Name	Relationship/Years Known
Company	Title
Address	Telephone ()
Name	Relationship/Years Known
Company	Title
Address	Telephone ()
Name	Relationship/Years Known
Company	Title
Address	Telephone ()

Please Read and Initial Each Paragraph, then Sign Below

I UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR, IF DISCOVERED AFTER I AM HIRED, MAY RESULT IN MY IMMEDIATE DISCHARGE FROM EMPLOYMENT. _____ (Initial)

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION. _____ (Initial)

IN THE EVENT THAT I AM EMPLOYED, I UNDERSTAND THAT I MUST COMPLY WITH ALL COMPANY POLICIES AND RULES. I FURTHER UNDERSTAND THAT MY EMPLOYMENT WITH COMMUNITY HEALTH CLINICS OF NORTHEAST TEXAS OR ANY OF ITS AFFILIATED COMPANIES IS FOR AN UNSPECIFIED TERM AND MAY BE TERMINATED AT THE WILL OF EITHER THE COMPANY OR THE PARTNER WITH OR WITHOUT CAUSE OR NOTICE TO THE OTHER. 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 TERMINATING MY EMPLOYMENT. NO MANAGER, SUPERVISOR, OR PARTNER OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT OTHER THAN AT-WILL. ONLY AN AUTHORIZED OFFICER OF THE COMPANY HAS THE AUTHORITY TO MAKE ANY SUCH AGREEMENT, AND THEN ONLY IN WRITING. _____ (Initial)

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS. _____ (Initial)

Signature of Applicant _____ Date _____