



## **A APPLICATION FOR EMPLOYMENT**

### **Personal Data**

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_

List all names you have used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Last 4 of SSN#: \_\_\_\_\_

Do you have the legal right to live and work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

APPLICANT MAY BE SUBJECT TO VERIFICATION OF U.S. CITIZENSHIP OR OF VISA PERMITTING APPLICANT TO LIVE AND WORK IN THIS COUNTRY.

Position Applying for: \_\_\_\_\_

How did you hear about this position \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a current professional license, certificate or registration? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate type, number, expiration date, and if there are any current restrictions on your license:

Can you work weekends, evenings, shift work and odd hours? \_\_\_\_\_ Yes \_\_\_\_\_ No

Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No Branch: \_\_\_\_\_

Are you a verteran: \_\_\_\_\_ Yes \_\_\_\_\_ No Dates of Duty: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Expected Hourly/Salary Rate: \_\_\_\_\_ Dates Available: \_\_\_\_\_

Desired Status (FT/PT/PRN): \_\_\_\_\_ Desired Shift: \_\_\_\_\_

### **Criminal Record**

All employees are required to complete a criminal background check as a condition of hire.

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_Yes\_\_\_No

A yes response does not automatically disqualify your application.

If Yes, Explain: (Attach an additional sheet if necessary)

**E mployment History**

	Current or most recent	Prior	Prior
Employer			
Address			
Telephone Number			
Name of Supervisor and Title			
Dates of Employment			
Position/Job Title			
Responsibilities			
Pay - Starting and Ending Rate			
Reason for Leaving			
May we contact as a Reference?			

**Education**

	Name	Last Year Complete	Graduate?	Degree Emphasis
High School				
College/University				
Trade School				

Other					
List any applicable special skills, training or proficiencies.					

**R eferences**

List three character references (not relatives or in-laws) who are responsible adults and have known you well during the past five years:

	Reference 1	Reference 2	Reference 3
Name			
Address			
Telephone Number			
Years Known/Occupation			

Disclaimer- By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



REQUEST FOR BACKGROUND INVESTIGATIONS

To be completed upon the acceptance of contingent offer

A record of criminal or guilty/no contest plea may disqualify an applicant from employment. Relevant factors for consideration may include the following: state laws barring employment in a healthcare facility, date of offense, and nature of the position sought. Declining or failing to fully disclose all convictions and guilty/no contest pleas on this form will result in rejection of the contingent offer or termination from employment.

Have you ever been convicted of or pled guilty/no contest to any criminal offense (minor traffic violations excluded)?  Yes  No

If yes, identify the level of the offense: Misdemeanor, Felony, Other: \_\_\_\_\_

City and State of Offense(s): \_\_\_\_\_

Date of Offense(s): \_\_\_\_\_

Offense(s) Descriptions: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant/Employee Full Name: \_\_\_\_\_

List of Aliases:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

County: \_\_\_\_\_ How long at current address? \_\_\_\_\_

List all addresses for the past five (5) years. INCLUDE DATES AT EACH ADDRESS (use separate sheet for additional addresses):

_____	_____
_____	_____
_____	_____
_____	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification 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.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(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

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Hire _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	