



---

---

## 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 \_\_\_\_\_







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

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
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
<b>Retain in your files</b>	