

Date: _____

TEXHOMA CCC

Application for Employment

Texhoma Christian Care Center is an equal opportunity employer. Qualified applicants for employment will be considered without regard to race, color, religion, sex, age, national origin, disability or veteran status. Texhoma prohibits harassment in the workplace. Texhoma is a non-subscriber to Texas Workers' Compensation.

Name:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other names under which you have been employed or attended school		E-mail address		
Address:		City	State	Zip Code
Phone Number:	Cell Phone Number	Social Security Number:	Driver's License Number:	
Position Applied For:	Date You Can Begin Work:	Salary Desired:	Are You Willing to Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shift Preference: Nursing Positions: <input type="checkbox"/> 7a-7p <input type="checkbox"/> 7p-7a <input type="checkbox"/> 6-2 <input type="checkbox"/> 2-10 <input type="checkbox"/> 10-6 All other positions: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights		I Prefer <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Occasional <input type="checkbox"/> Temporary		

Have you worked for this organization previously? Yes No If yes, give dates of employment _____

Have you ever submitted an employment application to Texhoma? Yes No If yes, when? _____

Do you have any relatives employed with Texhoma? If yes, please list _____

What prompted you to apply for a position with us? (Ad, friend, etc.) _____

Have you ever plead guilty to, been convicted of, or received probation, deferred adjudication or pretrial diversion for any criminal offense, other than minor traffic citations? Yes No If yes, provide information on criminal offense, date, location (city and state) and disposition _____

Are you currently serving probation, deferred adjudication, or pretrial diversion for any criminal offense? Yes No If yes, provide information on criminal offense, current status and expected date of completion _____

Commission of a crime will not be an automatic bar to consideration for employment; however, applicants convicted of certain criminal offenses may be ineligible for employment under applicable Texas law.

Education	Names/Location of Schools	Number of Years Completed	Last Grade/Degree Completed	Major Subjects
High School				
College				
Graduate School				
Other				

Do you hold a current professional license for the position for which you are applying? Yes No
License _____ Issuing State / Organization _____ Expiration Date _____

Have you ever been denied a professional license for the position for which you are applying by any governmental authority or organization? If yes, please provide dates, location and circumstances _____

Has your professional license ever been suspended, restricted or revoked? Yes No If yes, provide information on action taken, date and circumstances _____

Complete if applicable

Typing Skills _____ wpm Computer Skills Yes No If yes, list software _____

Other equipment you can operate _____

Special skills and remarks (include anything which would be pertinent to consideration of your application) _____

EMPLOYMENT HISTORY

List your most recent position first, use additional sheets if necessary. Explain any periods of unemployment or time periods between times employed.

Company Name		Dates of Employment					
		From:		To:			
Address		City		State		Zip	
Telephone ()		Immediate Supervisor		<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$			
Position(s) Held			Reason(s) for Leaving or Seeking Other Employment				

Company Name		Dates of Employment					
		From:		To:			
Address		City		State		Zip	
Telephone ()		Immediate Supervisor		<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$			
Position(s) Held			Reason(s) for Leaving or Seeking Other Employment				

Company Name		Dates of Employment					
		From:		To:			
Address		City		State		Zip	
Telephone ()		Immediate Supervisor		<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$			
Position(s) Held			Reason(s) for Leaving or Seeking Other Employment				

Company Name		Dates of Employment					
		From:		To:			
Address		City		State		Zip	
Telephone ()		Immediate Supervisor		<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$			
Position(s) Held			Reason(s) for Leaving or Seeking Other Employment				

Comments regarding periods of unemployment _____

Have you ever been terminated or asked to resign by any employer? Yes No If Yes, provide employer, date and circumstances _____

Applicant Verification

I certify that all of the information on this application, exhibits and resumes submitted to Texhoma is true, correct, and complete. I understand that false, misleading, incomplete or omitted information will result in the rejection of my application or, if hired, the termination of my employment. I authorize Texhoma and its agents to confirm all information on this application, exhibits and resumes, to contact companies and institutions listed to obtain references and to investigate my suitability for employment. I agree to provide additional information if requested by Texhoma or its agents. I authorize Texhoma to conduct any investigation it deems necessary with respect to information supplied above. I authorize any former employer, present employer, school, college, university, credit or finance bureau, personal reference and/or any other person to give any information they may have concerning my employment, education, certification, licenses, character, criminal record, driving record, credit or other information of any kind or type. I hereby unconditionally release from all liability for any damage, whether cause directly or indirectly from giving or receiving this information or opinions, Texhoma and any informant contacted whether named or unnamed.

Texhoma is required to and will conduct a criminal record check under Texas Law. I understand that I will be ineligible for employment with Texhoma if I have committed certain criminal offenses. I have read the Background Investigation policy as presented to me, and any questions which I may have had have been answered. I, therefore, fully understand its meaning and requirements and hereby agree that should I be offered employment with Texhoma CCC, I will comply with it at all times during my employment. I agree to cooperate with the procedures for conducting a criminal conviction and motor vehicle background investigation.

I agree to immediately notify Texhoma Christian Care Center if I am convicted of, receive deferred adjudication or pre-trial diversion in, or otherwise plead guilty of or no contest to a felony, or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment, if hired.

I have read the Substance Abuse and Drug Testing Policy as presented to me and any questions which I may have had have been answered. I, therefore, fully understand its meaning and requirements and hereby agree to comply with it at all times during the interview process, and should I become an employee of Texhoma CCC, during my employment.

I authorize Texhoma CCC, and its designated representative to release any and all pre-employment or employment records including Criminal Conviction and Motor Vehicle Background Investigations, and my Drug Testing results to the Texas Workforce Commission, Equal Employment Opportunity Commission, Wage and Hour Board, or other entity to which I have made claim for benefits of any kind or made any type of claim, and to release to any federal or state agency.

I understand that, if employed, I will be required to follow the personnel policies and rules of the organization and that infractions of such rules may lead to my discharge. I also understand that Texhoma follows employment-at-will practices, and does not discriminate in employment based upon age, race, color, sex, national origin, physical or mental condition/disability, or veteran status. In the event of employment, I understand that any false or misleading information given in this information sheet or interview may result in discharge whenever discovered.

I understand that this employment application is not an offer of employment or employment contract, either expressed or implied, between Texhoma and me. I understand that if hired, I may resign or be terminated by Texhoma at any time without advance notice or requirement of cause. I acknowledge that any employment will be for an indefinite time period and that I have not been guaranteed continued employment. I also understand that no manager, supervisor, or other employee of Texhoma has the authority to promise or guarantee continuing employment.

I acknowledge that I have read and understand the information set forth above.

Signature _____

Date _____

TEXHOMA CHRISTIAN CARE CENTER

Criminal History Check and Registry Verification Authorization

Applicant Authorization/Acknowledgement:
(To be completed by applicant)

I, _____, authorize Texhoma Christian Care Center to investigate my criminal history and obtain a copy of my records in the course of applying for employment in a long-term nursing facility in the State of Texas. I understand all information requested on this form is used solely for the purpose of obtaining my criminal history. I acknowledge that a conviction of a crime that prohibits a person from employment in a health care setting in the State of Texas applies to my application for this position. I also acknowledge that I may not be offered a position before the criminal history check and registry verification is completed and reviewed by the employer. I acknowledge that I have been informed that the person obtaining my criminal history report will not be the person making the hiring decision. I further acknowledge that the person(s) making the hiring decision will not have access to the investigation reports or their content. I acknowledge that the hiring manager(s) will only learn whether I am employable in accordance with Texhoma Christian Care Center policies.

Printed Name:
(Last) _____, (First) _____, (Middle Name) _____
(Maiden Name) _____

(Other names under which you have been employed or attended school) _____

(Date of Birth): MM _____ DD _____ YY _____ (Social Security Number): _____

Applicant Signature _____ Date: _____

Registry Checks: (To be completed by the employer)
1-800-452-3934

Applicant's Social Security Number: _____ - _____ - _____

Employee Misconduct Registry: _____ No Record _____ Record (not to be hired)

Date of Checks: _____ Checks made by (print name): _____

Signature: _____

License/Certification Check (To be completed by the employer)

Circle One: RN GN LVN GVN CNA CMA SW Other: _____

License/Certification Number _____ Expiration Date _____

License/Certification Number _____ Expiration Date _____

For Student Nurse Aide applications only:

16-hour letter Date: _____ Agency Providing Letter: _____

TEXHOMA CHRISTIAN CARE CENTER

Applicant Self-Identification Form

Completion of this form is **voluntary**.

Results will be used for research and statistical purposes regarding Affirmative Action and will be kept confidential. The information you provide will have no bearing on the selection process. Your cooperation in completing this form accurately and completely will be appreciated. In the event you are hired by the Company, this form would not be retained in an employee file.

Name _____ Today's Date _____

Applying For _____ Office Location _____

Referral Source _____
(i.e., self, newspaper, advertisement, employee)

1. **GENDER:** Male Female **AGE:** under 40 over 40

2. **PLEASE MARK ONE OF THE FOLLOWING CATEGORIES**
(defined by governmental terms):

- Black** All persons having origins in any of the Black racial groups of Africa
- Hispanic** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture regardless of race.
- Asian** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- Native American / Eskimo** All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition. Meets Bureau of Indian Affairs definition standards.
- White** All persons having origins in any of the original peoples of Europe, North Africa, the Middle East or not covered above.

3. **PRESENCE OF WORK RESTRICTING DISABILITY?** yes no

If so, please explain: _____

4. **VIETNAM ERA VETERAN:** yes (served between 08/05/64 and 05/07/75) no

5. **DISABLED VETERAN:** yes (receives 30% military disability) no