





## Employment Experience

Start with your present to last job. Include any job-related military service assignments or volunteer activities (you may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status).

<b>1. Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
<b>Address:</b>			<b>Telephone Number:</b>
			( ____ ) _____ - _____
<b>Job Title:</b>	<b>Supervisor:</b>		
<b>2. Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
<b>Address:</b>			<b>Telephone Number:</b>
			( ____ ) _____ - _____
<b>Job Title:</b>	<b>Supervisor:</b>		
<b>3. Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
<b>Address:</b>			<b>Telephone Number:</b>
			( ____ ) _____ - _____
<b>Job Title:</b>	<b>Supervisor:</b>		
<b>4. Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
<b>Address:</b>			<b>Telephone Number:</b>
			( ____ ) _____ - _____
<b>Job Title:</b>	<b>Supervisor:</b>		

*If you need additional space, please continue on a separate sheet of paper*

**List professional, trade, business or civic activities and offices held (you may exclude membership, which would reveal gender, race, religion, national origin, age, disability or other protected status)**

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**Other Qualifications (summarize special job related skills and qualifications acquired from employment or other experience).**

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**Computer Skills (Please describe):**

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**References**

Name	Address/Email	Telephone Number
Name	Address/Email	Telephone Number
Name	Address/Email	Telephone Number

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at the job position.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means that it is not for a specific, predefined period of time and can be served by the employer at any time in a manner consistent with agency policies and procedures.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered beyond this time should inquire as to whether or not applications are being accepted at that time.

In the event of unemployment, I understand that false or misleading information given in my application of interview(s) may result in termination of the employment relationship.

I understand also, that I am required to abide by all policies, procedures, rules and regulations of Special Health Resources for Texas, Inc.

\_\_\_\_\_  
Signature Date

## Optional Demographic Information

This information is voluntary and is being asked for in order to comply with the Office of Federal Contract Compliance Programs (OFCCP).

This information will not be used to affect the hiring decision and will be kept in a separate location from all other job related information.

RACE \_\_\_\_\_

GENDER \_\_\_\_\_

ETHNICITY \_\_\_\_\_

Do not include your name on this sheet.



## Authorization for Release of Information

I, hereby, authorize any investigator or duly accredited representative of Special Health Resources for Texas, Inc. bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, academic achievement, performance, attendance, and disciplinary action. I, hereby, direct you to release such information upon request of the bearer. I understand that the information released is for official use by Special Health Resources for Texas, Inc. and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I, hereby, release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

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Applicant's Signature

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Date

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Witness Signature

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Date



**APPLICATION DISCLOSURE/RELEASE**

Pursuant to the requirements of the Fair Credit Reporting Act and Driver Privacy Protection Act, notice is given that a *consumer report*\* may be made in connection with your application for employment. If you are employed by *Special Health Resources* you are also granting permission for us to periodically obtain other consumer reports as may be needed for purposes of your employment, promotion or retention of employment.

If you are denied employment, promotion or retention, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name & address of the consumer reporting agency making such report. You'll also receive a copy of the report and a statement of your consumer rights.

By signing below, you consent to the procurement of a *consumer report*\* in connection with your application for employment. A *consumer report* may consist of employment records, educational verification, professional license verification, driving history, previous address, and other public records relative to criminal charges. **A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.**

*\*for consumer report purposes only*

**PRINT ALL INFORMATION** (other than signature). Use Clear NUMBERS & LETTERS.

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

Last Name (printed): \_\_\_\_\_ Name Suffix: \_\_\_\_\_

Applicant's First Name (printed); \_\_\_\_\_ Name Prefix: \_\_\_\_\_

Middle Name (if true, list "no middle name" or "initial only"): \_\_\_\_\_

Former Names: (print) \_\_\_\_\_

I certify that all of the information provided by me on this application disclosure / release is true, correct, and complete. I have not withheld any information requested on this application disclosure. Withholding or falsifying information is grounds for immediate termination.

I further certify that I am not currently listed on any federal or state government watch, sanctions, or exclusions list. These government lists include OIG/HHS, GSA, and state Medicaid plus the U.S. Treasury Department's OFAC List & Terrorist List.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Today's Date

**Current Residence Address** (might not be what shows on your driver's license)

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_