

ATASCOSA HEALTH CENTER, INC.



APPLICATION FOR EMPLOYMENT

ATASCOSA HEALTH CENTER, INC. (AHCI) is an equal opportunity employer. **AHCI** does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name:

Mailing Address:

E-mail Address:

Cell Phone #

Are you eligible to work in the U.S? Yes No

Are you related by blood or marriage to any AHCI Board of Directors member? YES, who? NO

Are you related by blood or marriage to any AHCI employee? YES, who? NO

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Have you ever been convicted, pled guilty or No Contest/NOLO Contendere or sentenced to Deferred Adjudication for **Any Felony or Misdemeanor offense** other than minor moving traffic violations? Yes No If yes, explain:

(The scope of this inquiry includes but is not limited to crimes of theft, rape, sexual assault, assault, murder, swindling, indecency with a minor, possession of or sale of marijuana or any category of illegal drugs).

Note: a conviction will not necessarily disqualify you from employment, each conviction will be judged on its own merits with respect to time, circumstance, seriousness and relevancy of offense to position(s) for which you are applying.

EMPLOYMENT DESIRED

Position desired:

Location:

Date you can start:

Hourly rate/Salary desired \$

Do you have any special skills experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

EDUCATION	Name of School	Degree Received	Year	Subjects studied/ Major
High School				

College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *(Use back if more space needed)*
Complete each section - Incomplete information could disqualify you from further consideration.

Company:	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Phone:	From (M/YR)	To (M/YR)	
Address:			
	Hourly Rate/Salary		
Job Title:	Start	Per	
Immediate Supervisor and Title:			
	Hourly Rate/Salary		
Reason for leaving:	Final	Per	
May we contact your previous supervisor for a reference? YES NO			

Company:	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Phone:	From (M/YR)	To (M/YR)	
Address:			
	Hourly Rate/Salary		
Job Title:	Start	Per	
Immediate Supervisor and Title:			
	Hourly Rate/Salary		
Reason for leaving:	Final	Per	
May we contact your previous supervisor for a reference? YES NO			

Company:	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Phone:	From (M/YR)	To (M/YR)	
Address:			
	Hourly Rate/Salary		
Job Title:	Start	Per	
Immediate Supervisor and Title:			
	Hourly Rate/Salary		
Reason for leaving:	Final	Per	
May we contact your previous supervisor for a reference? YES NO			

Company	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Phone:	From (M/YR)	To (M/YR)	
Address:			
	Hourly Rate/Salary		
Job Title:	Start	Per	
Immediate Supervisor and Title:			
	Hourly Rate/Salary		
Reason for leaving:	Final	Per	
May we contact your previous supervisor for a reference? YES NO			

REFERENCES (*NOT RELATIVES OR FRIENDS*)

Give the names of three persons whom you have worked with at least three (3) years that can speak to your **Work Skills, Knowledge, Abilities and Ethics**.

Name	Telephone	Years Known
1.		
2.		
3.		

Military Service

Branch:	From	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain		

Disclaimer and Signature

The filing of this application and our acceptance thereof do not in any way obligate the Atascosa Health Center, Inc. (AHCI).

The information you provide herein will be regarded confidential and is, together with all attachments the property of AHCI. If you are employed, this data will become a part of your personnel record. Solicited applications and resumes are kept for a period of 60 Days and then discarded according to policy.

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I certify that the statements made by me in this application and/or on the attachments are true, complete and correct to the best of my knowledge and are made in good faith.

I understand that any omission of facts or false statements made herein will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I further agree that any offer of employment tendered me is contingent upon my agreement to abide by the AHC personnel policies set by the AHC Board of Directors.

I hereby authorize the Atascosa Health Center, Inc. to conduct employment history, police record inquiries and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons; corporations or organizations for furnishing such information.

The Employer prohibits the use of illegal drugs, the illegal use of prescription drugs, and alcohol in the workplace. All applicants extended a conditional job offer will be asked to submit to testing for the current use of illegal drugs, the illegal use of prescription drugs, and alcohol as defined by the Employer's Substance Abuse policy. Any applicant who declines to consent or be tested, or who produces a positive test result for illegal use of drugs, the illegal use of prescription drugs, or alcohol may not be considered for further employment.

I agree to immediately notify the company if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony or any crime while my application is pending or during my period of employment, if hired, that would bring a negative impact on the Employer and/or its patients.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I further understand that Atascosa Health Center, Inc. is an "At Will Employer" and that my employment will be At-Will for an indefinite period of time. I further understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make assurances to the contrary.

I understand that the first 90 days (3 months) of employment are introductory and it is also understood that if during this initial 90 day period, the employer should be dissatisfied with my work; my employment may be terminated with or without written notice.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.