



## Employment Application

**It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances. To be considered for employment, all applicants must fill out this form completely. This application will be given every consideration, but its receipt does not imply that the applicant will be employed by the company. This form becomes a part of your permanent employment record if you are hired.**

APPLICANT INFORMATION										
Last Name					First				M.I.	Date
List all Other Names ever used:										
Street Address						Apartment/Unit #				
City				State			ZIP			
Phone				E-mail Address						
Date Available			Cell Phone			Desired Rate				
Position Applied for										
<p>The following conditions might be required at some point in a job assignment. Do you agree to satisfy the following work schedule?</p> <p>a. Shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Overtime work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Rotation work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Work schedule other than Monday to Friday? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Do you agree to work the hours required for your position? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Shift desired? <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night</p> <p>Status of employment for which you are applying: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem (PRN)</p>										
Are you authorized to work in the United States? (If hired, you will be required to submit verification of your right to work in the United States)				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have fluency skill in any language other than English: YES <input type="checkbox"/> NO <input type="checkbox"/>		Language: _____ <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?		
Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and are you aware of any potential exclusion from a federally funded health program?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain		
Have you ever been convicted or plead guilty or no contest to any criminal offense other than a minor traffic violation? <i>(Do not include convictions that were sealed, expunged or resulted in a referral to a diversion program. Criminal convictions are not an automatic ban from employment and will only be considered in relation to specific job requirements.)</i>				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain		
EDUCATION										
High School		Did you graduate?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		# of Years Attended	
College				City, St.						
From		To	Did you graduate?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree
Other				City, St.						
From		To	Did you graduate?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree
Other				City, St.						
From		To	Did you graduate?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree

<b>PREVIOUS EMPLOYMENT</b>									
Please list your employment history for the past ten years or your last five employers. Start with your current employer.									
<b>Company</b>					Phone (    )				
Address					Immediate Supervisor				
Job Title				Starting Salary		\$		Ending Rate \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisor Phone #:		
<b>Company</b>					Phone (    )				
Address					Immediate Supervisor				
Job Title				Starting Salary		\$		Ending Rate \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisor Phone #:		
<b>Company</b>					Phone (    )				
Address					Immediate Supervisor				
Job Title				Starting Salary		\$		Ending Rate \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisor Phone #:		
<b>Company</b>					Phone (    )				
Address					Immediate Supervisor				
Job Title				Starting Salary		\$		Ending Rate \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisor Phone #:		
<b>Company</b>					Phone (    )				
Address					Immediate Supervisor				
Job Title				Starting Salary		\$		Ending Rate \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisor Phone #:		

**Please explain all periods of unemployment:**

**MILITARY SERVICE**

Branch		From		To	
Duties in Service include special training.		Type of Discharge			
If other than honorable, explain					

**LICENSED/CERTIFIED APPLICANTS ONLY**

LICENSE	LICENSE NO. & STATE ISSUED BY	EXPIRES (DATE) & STATUS

Please list any other professional memberships, organizations or certifications you hold.

To assist us in our recruitment efforts, please indicate how you were referred:

- Walk-in
  Newspaper Advertisement (please specify):  
 Job Fair (please specify)
  Website or Internet site (please specify):  
 Employee Referral (please specify)
  Other:

**REFERENCES**

Please list three professional references.

Full Name		Relationship	
Company		Phone	( )
Address			
Full Name		Relationship	
Company		Phone	( )
Address			
Full Name		Relationship	
Company		Phone	( )
Address			

**DISCLAIMER AND SIGNATURE**

**If employed by Reliant and in consideration thereof, I understand that:**

- 1. I certify that the answers given by me to the foregoing questions and statements on the employment application and or during the employment interview process are true and correct without any material omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that Reliant shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.**
- 2. I authorize the companies, schools, persons or entities given during the employment process or on this employment application as references or past employers or affiliations to give any information regarding my employment, character, qualifications, certifications and licenses and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information.**
- 3. My signature below certifies that if I am extended an offer of employment by Reliant, my employment is contingent upon satisfactory completion of a drug test and submission of proof that I have the credentials and licenses necessary for the position offered.**
- 4. If employed by Reliant, I understand my employment may be terminated at any time, with or without cause or notice and for any reason by me or Reliant. Nothing in this application, or in any oral or written statement provided to me by Reliant will limit these rights to terminate my employment at will and no one will have the right to change this at will relationship unless such change is in writing, signed by an authorized representative of Reliant.**
- 5. My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, all health care industry compliance program requirements, including adherence to the rules, regulations, policies and procedures currently or hereafter in effect.**
- 6. I understand this application is valid only for the position I have applied for at present and Reliant is not obligated to retain or consider this application for future openings.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## APPLICATION DISCLOSURE/RELEASE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a **consumer report\*** may be made in connection with your application for employment.

If you are denied employment, 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 addresses, and other public records relative to criminal charges. \* *(for consumer report purposes only)*

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*Please complete after job offer has been made.*

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

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

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

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

Prior Last Names: (included maiden name; printed) \_\_\_\_\_

Company requesting:  Central Texas (Round Rock)       North Texas (Richardson)

I certify that all of the information provided by me on this application disclosure is true, correct and complete. I have not withheld any information requested on this application disclosure.

I further certify that neither I, nor my organization, are currently listed on any federal or state government watch, sanctions, or exclusions list. These government lists include GSA, OIG, and Medicaid plus Treasury's OFAC & Terrorist List.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
City, State, Zip Code

List all cities, states & counties lived in for the last **SEVEN YEARS** (***only list each county once***)

City	State	County
1.		
2.		
3.		
4.		
5.		
6.		