APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

Last Name First Middle	Date
Street Address	Home Telephone ( )
City, State Zip	Business Telephone ( )
Have you ever applied for employment with us? ☐ Yes ☐ No If yes: Month and Year _____ Location: _____	Social Security #
Position Desired	Pay Expected
Can you work all of the hours and days required for this position? ☐ Yes ☐ No If not, what hours/days can you work?	Will you work overtime if asked? ☐ Yes ☐ No
Are you legally eligible for employment in the United States?	When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)	

EDUCATION

School	Name and Location of School	Course of Study	No. of years Completed	Did You Graduate?	Degree or Diploma
Graduate				☐ Yes ☐ No	
College				☐ Yes ☐ No	
Business/Trade/Technical				☐ Yes ☐ No	
High School				☐ Yes ☐ No	
Elementary				☐ Yes ☐ No	

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion, or national origin)

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.	
Company Name	Telephone ( )
Address	Employed – (Month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title Describe Your Work	Reason for leaving
Company Name	Telephone ( )
Address	Employed – (Month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title Describe Your Work	Reason for leaving
Company Name	Telephone ( )
Address	Employed – (Month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title Describe Your Work	Reason for leaving
Company Name	Telephone ( )
Address	Employed – (Month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title Describe Your Work	Reason for leaving

DO NOT CONTACT

Employer Number(s) ________________________________

Reason ____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment, or if discovered after I am hired, may be grounds for my immediate dismissal.
2. I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.
3. I understand that Haven Health will, in accordance with applicable state and federal statutes, check for a criminal history with the Texas Department of Public Safety, the Federal Bureau of Investigation or other such organizations.
4. I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time.
5. I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at-will, and either I or the Company may terminate my employment at any time, with or without notice or reason.

_____ _____

Date Signature

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Haven Health Clinics 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, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Haven Health Clinics 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.

_____ _____

Applicant's Signature Date

In case of emergency, please contact:

Name: _____ Relationship _____

Address:_____ Phone _____