



104 N. US Hwy 277
 Eldorado, TX 76936
 Telephone: 325-853-3931
 Fax: 325-853-3974
 www.eldoradocarecenter.com

APPLICATION FOR EMPLOYMENT

All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital status, the presence of a non-job related disability or any other legally protected status.

PLEASE PRINT IN INK

Copies of your Driver's License / ID Card, Social Security Card, and Professional License / Certification (if applicable) are required.

PERSONAL					
Last Name		First Name		Middle	
Current/Mailing Address				E-mail Address	
City		State		Zip	
Social Security Number		Home Telephone Number		Cellular Telephone Number	
Best time to contact you: _____ a.m. _____ p.m.		Date available for work:		Are you applying for: Full-time Part-time Regular Temporary	
Would you consider working: Weekends & Holidays YES NO Rotating Shifts YES NO On Call YES NO Any Shift YES NO		Shift Preference: Days Evenings Nights		Are you a U.S. citizen or an alien legally authorized to work in the United States? YES NO If employed, I understand I am required to complete Form I-9 to show evidence of identity and eligibility for employment.	
Position Applied for:				Salary desired:	
How did you learn about this position?					
Relative or friends employed here? YES NO		Dept:		Relationship:	
Name:					
Have you been employed here in the past? YES NO		If yes, when:			
Are you 18 years of age or older? YES NO					
Long Range Occupational Goals:					
Have you ever been convicted of, or plead guilty to a crime (excluding misdemeanor traffic violations)? YES NO					
If yes, explain:					
Have you ever been involuntarily terminated or asked to resign from any position of employment? YES NO					
If yes, please describe circumstances:					
EDUCATION/SKILLS					
School	Name and Address of School	Course of Study	Last year completed	Did you graduate?	List diploma or degree
High			1 2 3 4	YES NO	
College			1 2 3 4	YES NO	
College			1 2 3 4	YES NO	

Briefly describe other skills or special courses (include special military training, post graduate and nursing).

PROFESSIONAL LICENSES/CERTIFICATIONS

Type:	State:	Date:	Number:
Type:	State:	Date:	Number:
Type:	State:	Date:	Number:

EMPLOYMENT HISTORY

Enter information for your last 3 employers – starting with the most recent.

Employer	Duration of Employment From: _____ To: _____
Address (City & State)	Name of Supervisor
Position Title	Phone Number
Reason for Leaving	If this is your current employer, may we contact them? Yes No

Employer	Duration of Employment From: _____ To: _____
Address (City & State)	Name of Supervisor
Position Title	Phone Number
Reason for Leaving	If this is your current employer, may we contact them? Yes No

Employer	Duration of Employment From: _____ To: _____
Address (City & State)	Name of Supervisor
Position Title	Phone Number
Reason for Leaving	If this is your current employer, may we contact them? Yes No

REFERENCES

Name	Phone Number
Name	Phone Number
Name	Phone Number

IMPORTANT – READ BEFORE SIGNING

I hereby affirm that the information provided on this application (and accompanying resume) is true and correct. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that my employment may be contingent upon successfully passing a medical examination, physical therapy assessment, drug test, and criminal background check.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right.

In the event of employment, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Signature of Applicant

Date

PLEASE ATTACH RESUME