

San Juan Nursing Home, Inc.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony or misdemeanor? YES NO

If yes, explain: _____

How did you hear about this job: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also, hereby, authorize representatives of the San Juan Nursing Home to conduct both a criminal and pre-employment and/or post-employment background check to verify the information provided during my application process, as well as my continued eligibility for employment. I understand that any offer of employment is contingent on an acceptable background check, and that my employment, if offered, is on an at-will basis, and that neither I nor any San Juan Nursing Home representative have entered into a contract regarding the terms and duration of my employment.

Signature: _____ Date: _____

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

ONLY for Internal Use

Signature of Applicant or Employee

Date

San Juan Nursing Home, Inc.
Agency Name (Please print)

Sylvia Sierra
Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:
YES ___ NO ___ Initial

Purpose of CCH: _____
Hire ___ Not Hired ___ Initial

Date Printed: _____ Initial

Destroyed Date: _____ Initial

Retain in your files

This form

Is for

1st

Employer

AUTHORIZATION TO RELEASE INFORMATION

I, _____, (Applicant's Name) hereby authorize my prior employer, _____, and (prior employer's name) to release any and all information relating to my employment with them to the San Juan Nursing Home, Inc. I further release and hold harmless both _____, (prior employer's name) and the San Juan Nursing Home, Inc. from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Signature of Employee

Date

Employee's Name – Printed

Social Security Number

Date of Birth

300 N. Nebraska
San Juan, TX. 78589
(956) 787-1771 (Phone)
787-8091 (Fax #)

San Juan Nursing Home, Inc.
Return to Human Resources

Applicant Reference Check

The applicant named below has submitted an application for employment with our agency.
The information will remain confidential.

Applicant Information

Applicant Name: _____ Date: _____
Last First M.I.

Position Applied for: _____

I, hereby, authorize my past employers to release any and all information related to my employment with them, including information related to my termination of employment, if applicable.

Applicant Signature: _____ Date: _____

Previous Employment

Company Name : _____
Phone: () _____

Contact : _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

NOTE: Do Not fill out the section below, it is for the Previous Employer Only.

Was the applicant an employee of your company? YES NO

What was the period of employment? START DATE: _____ END DATE: _____

What was the applicant's position on the last day of employment? _____

What was the applicant's starting salary? _____

What was the applicant's ending salary? _____

What were the applicant's job responsibilities?

What was the applicant's reason for leaving?

Employer's reason for termination below: (check one)

Resignation with notice

Resignation without notice

Involuntary termination

Would you rehire this applicant? YES NO

Employer's Signature

Title

Date

This form

Is for

2nd

Employer

AUTHORIZATION TO RELEASE INFORMATION

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Resignation without notice

Involuntary termination

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Employer's Signature

Title

Date

This form

Is for

3rd

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Date

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YES

NO

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