

# Hackberry Creek Care Center, Inc.

## APPLICATION FOR EMPLOYMENT

(Please Print)

Application Date: _____ Position Desired: _____ Date Available for Work: _____	Type of Work Desired: Full-Time: ___ Part-Time: ___ Temporary: ___
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### PERSONAL INFORMATION

Legal Name: _____				
Last	First	Middle	Preferred Name	
Social Security Number: ___-___-___				
Permanent Address: _____				
Street	Apt#	City	State	Zip Code
Telephone Number: _____				
Area Code	Home Telephone	Area Code	Work Telephone	
Area Code	Mobile Telephone	Email Address		

After reviewing the qualifications for the position applied for, do you have any physical condition or medical problems which may limit your ability in performing the job for which you applied? \_\_\_ No \_\_\_ Yes, if yes, explain: \_\_\_\_\_

How were you referred to this agency? \_\_\_ Advertisement \_\_\_ Friend \_\_\_ Relative \_\_\_ Other, explain \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Have you been previously employed by Hackberry Creek Care Center, Inc.? \_\_\_ No \_\_\_ Yes, If yes, when and what position? \_\_\_\_\_

Do you have relatives who work at Hackberry Creek Care Center, Inc.? \_\_\_ No \_\_\_ Yes.

If yes, give:    Name(s)            Relationship            Department            Position

\_\_\_\_\_

\_\_\_\_\_

Are you legally eligible for employment in the United States? (Proof will be Required) \_\_\_ No \_\_\_ Yes

Have you ever been convicted of a Felony? \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_

(Please note, a conviction will not necessarily disqualify you from employment.)

Are you at least 18 years of age? \_\_\_ No \_\_\_ Yes

## EDUCATIONAL BACKGROUND

SCHOOL	Name and Location of School	Dates Attended		Graduate		Diploma/ Degree	Major Field Of Study
		From	To	Yes	No		
High School							
Undergraduate Colleges or Universities							
Graduate Schools							
Technical Vocational, or Business Schools							

## EMPLOYMENT BACKGROUND

1. List your employment history for the last five (5) years or last three (3) positions. Start with your current or last position.
2. If you need additional space, please continue on a separate sheet of paper.
3. Are you currently employed? Yes \_\_\_ No \_\_\_ If yes, may we contact your present employer? Yes \_\_\_ No \_\_\_

<p><b>1</b> Job Title: _____</p> <p>Employer: _____</p> <p>Street Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Telephone: _____</p> <p>Dates Employed: From: _____ To: _____</p>	<p>Supervisor's Name: _____</p> <p>Supervisor's Title: _____</p> <p>Supervisor's Telephone No.: _____</p> <p>Full Time: _____ Part Time: _____</p> <p>Average number of hours worked per week: _____</p> <p>Final Salary/Wage: \$ _____ perhour / month</p>
<p>Describe Your Job Duties and Responsibilities: _____</p> <p>_____</p> <p>_____</p>	
<p>Reason for Leaving: _____</p>	

<p><b>2</b> Job Title: _____</p> <p>Employer: _____</p> <p>Street Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Telephone: _____</p> <p>Dates Employed: From: _____ To: _____</p>	<p>Supervisor's Name: _____</p> <p>Supervisor's Title: _____</p> <p>Supervisor's Telephone No.: _____</p> <p>Full Time: _____ Part Time: _____</p> <p>Average number of hours worked per week: _____</p> <p>Final Salary/Wage: \$ _____ perhour / month</p>
<p>Describe Your Job Duties and Responsibilities: _____</p> <p>_____</p> <p>_____</p>	
<p>Reason for Leaving: _____</p>	

<b>3</b>	Job Title: _____	Supervisor's Name: _____
	Employer: _____	Supervisor's Title: _____
	Street Address: _____	Supervisor's Telephone No.: _____
	City, State, Zip Code: _____	Full Time: _____ Part Time: _____
	Telephone: _____	Average number of hours worked per week: _____
	Dates Employed: From: _____ To: _____	Final Salary/Wage: \$ _____ per hour / month
Describe Your Job Duties and Responsibilities: _____		
Reason for Leaving: _____		

**RELEASE OF EMPLOYMENT RECORDS**

I, \_\_\_\_\_ hereby authorize Hackberry Creek Care Center, Inc. to investigate all facts contained in my application for employment and said agency and authorize the release of any and all information by any present and previous employers, wherever located, which may be required for reference check. As well as current employer to give any and all information concerning my employment and any pertinent information which said employers may have, personal or otherwise, and release all parties of all liabilities for any damages which result from furnishing of said information.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

**DECLARATION**

I, \_\_\_\_\_ hereby declare to the best of my knowledge, that all information that I have provided is correct. I understand that falsifying any information can disqualify me for a position at this agency.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

**Investigation for Criminal Records  
Senate Bill 200**

**A person may not be hired prior to this check. Please keep criminal history records in a secure location in the Administrator's Office.**

**According to the Senate Bill 200 as of September 1, 1987 our agency is required to request a criminal conviction check on all persons seeking employment.**

I hereby give Hackberry Creek Care Center, Inc. permission to run a criminal history check for the purposes of the Senate Bill 200 as stated above. I understand that certain offences may bar me from employment described by the Health and Safety Code, Chapter 250, Section 250.006.

**The following information is required and MUST be completed:**

Name: \_\_\_\_\_  
(Last, First, Middle) (Alias, Maiden)

Social Security #: \_\_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ Date of Birth: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Other

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

**To be completed by agency**

I \_\_\_\_\_ Certify that I have run a criminal History check on the above stated person and a copy of the results is in a secure location in the Administrator's Office.

\_\_\_\_\_  
Agency employee signature

\_\_\_\_\_  
Date