AUSTINWOODS CAMPUS____

HAMPTON WOODS CAMPUS____

WOODLANDS HOME CARE____

APPLICATION FOR EMPLOYMENT
(Please Print clearly)   Confidential

Personal Information	Date of Application: _____	Date Available: _____

Name: _____   **Social Security Number:** _____
                 Last   First   Middle

Present Address: _____   **Phone Number:** _____

Permanent Address: _____   **2nd Phone Number:** _____
if different then present address

If you cannot be reached at above phone numbers, where may we contact you? Name of Person: _____

Number of Person: _____

Employment Desired

Will you accept employment of: Full time____   Part time____

Position Desired

				Are you	May we contact your
First Choice				Employed Now?	present employer? Yes No
Second Choice					If no, Why? _____
Third Choice					

Are you 18 years of age or older? _____   **How did you learn of this opening?** _____

Education

Circle Highest   8 9 10 11 12   Scholastic honors Rec'd: _____

Grade Completed 13 14 15 16 _____

Name of School	Location (City-State)	Course Taken	Date Completed	Diploma, Degree, or Certification Rec'd
Grade School				
High School				
College				
Vocational or Business				
Professional Education				
Labor X-Ray Training				

Extracurricular Activities while in School: _____

Member of Professional Organizations: _____

Honors Rec'd, Volunteer or Community
Services or Other Qualifications you have _____
Which You feel are related to the position _____
for which you are applying: _____

Were you in the U.S. Armed Forces?   ___Yes   ___NO   If yes, what branch? _____

Dates of Duty From: _____   **To** _____   **Rank at Discharge:** _____
         Month   Day   Year   Month   Day   Year

Professional Licenses and/or Certifications

Type	Organization/State Issues	Date Issued	Number	Verified

Form 3294   Printed in U.S.A

Employment Record (List most recent employer first)

Present And Former Employers		Dates	Salary	Position/Duties	Reason
		Employed	Range		For Leaving
Name:		To	Starting		
Address:					
Supervisor's Name:		From	Ending		
Name:		To	Starting		
Address:					
Supervisor's Name:		From	Ending		
Name:		To	Starting		
Address:					
Supervisor's Name:		From	Ending		
Name:		To	Starting		
Address:					
Supervisor's Name:		From	Ending		

Please explain all periods of unemployment: _____

_____

If your former employment references, education, or military services are under a name other than indicated on front of application please indicate: _____

     Last   **First**   **Middle Initial**

Have you ever been convicted of a crime? _____ **If so, for what, when, and where?**_____

Conviction of a criminal offense will not necessarily preclude your employment

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

1 _____

2 _____

Do you consider yourself to be able to perform all of the duties required by the job(s) for which you are making application without endangering yourself, other employees, or patients?_____**if no, please explain** _____

_____

_____

Do not answer questions in this area- To be completed after employed

Date of Birth_____ **Marital Status**_____ **Sex**_____ **Nationality**_____ **Number and ages of children** _____

List Nature of Disability (if any): _____

Notify in cases of emergency: _____

     Name   **Relationship**

Number   **Street**   **City**   **State**   **Zip Code**   **Telephone number**

What Language(s) (Other than English)do you speak? _____

Date   **Applicants Signature**

Availability Record

Primary position desired: _____

Will you accept another position? _____ yes _____ No If so, what?

Are you available to work:

Weekends?	Yes	No
Holidays?	Yes	No
Rotating Shifts?	Yes	No

Please Indice Days and Hours you are available for Work (Be Specific)

Day	From		To	
Sunday	am pm		am pm	
Monday	am pm		am pm	
Tuesday	am pm		am pm	
Wednesday	am pm		am pm	
Thursday	am pm		am pm	
Friday	am pm		am pm	
Saturday	am pm		am pm	

Do you have responsibilities that would limit your availability? __Yes __No If so, explain: _____

Do you limit your annual earning due to Social Security or other reasons?
_____Yes _____No
If yes, please state the maximum amount you wish to earn

If your availability changes, It is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any further employment.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

Applicant Signature

This Page is for Institution and Interviewers' Use Only

Interviewer	Date	Comments

Reference and Prior Employment Check

Individual cont	Name of Firm	Results of Check

For Personnel Office Use

Hired _____   For what department _____   Position _____

Salary _____ per   Year
Month   Start Date _____
Hour