



North Texas Rehabilitation Center

1005 Midwestern Parkway East, Wichita Falls, TX 76302

Application for Employment (Please Print)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Human Resources Department.

Position(s) applied for _____ NPI# (if applicable) _____ Date of application _____

Name _____ Nickname _____

Address _____
Last First Middle

City _____ State _____ Zip Code _____

Telephone # () _____ Mobile/Beeper/Other # () _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18, and it is required, can you furnish a work Permit? Yes No

If **no**, please explain _____

Have you ever been employed here before? If **yes**, give dates and positions _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work..... What is your desired salary range?.....\$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Student PRN

Driver's license number if driving may be required in position for which you are applying _____ State _____

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes No

If **yes**, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month Year to Month Year
Street Address	City, State & Zip	Beginning Salary
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title(for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Ending Salary
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Commission/Bonus/Other Compensation \$ _____		
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		
Employer	Telephone # ()	Dates employed: Month Year to Month Year
Street Address	City, State, & Zip	Beginning Salary
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title(for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Ending Salary
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
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Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

AN EQUAL OPPORTUNITY EMPLOYER

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

REFERENCES

List name and telephone number of three personal references (not related).

Name	Title	Relationship to You	Telephone

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work for North Texas Rehabilitation Center is true, complete and correct.

I expressly authorize, without reservation, the Center, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the Center, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. At the conclusion of that time, if I have not heard from the Center and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the Center reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE FALSE, INCOMPLETE OR MISREPRESENTED IN ANY RESPECT, WILL BE SUFFICIENT CAUSE TO (I) ELIMINATE ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, OR (II) MAY RESULT IN MY IMMEDIATE DISCHARGE FROM THE EMPLOYEE'S SERVICE, WHENEVER IT IS DISCOVERED.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____