

FASHCARES HEALTH SERVICES, LLC

APPLICATION FOR EMPLOYMENT

(PLEASE COMPLETE ALL PAGES)

DATE: _____

| | | | | |
|-----------------------|------------------------|-------|---------------|--------|
| Name: | LAST | FIRST | MIDDLE | MAIDEN |
| Present Address | City | | State | Zip |
| Date of Birth | Social Security Number | | Telephone No. | |
| | - - | | () | |
| Position applied for: | Salary desired: | | | |

Are you legally authorized to work in the USA? Yes No

To comply with the immigration Reform and Control Act of 1986, if you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire date or upon your first day if your employment period will be less than three (3) days.

Have you been excluded as a provider of Medicaid or Medicare Services by the U.S. Department of Health and Human Services, Texas Department of Health or Texas Department of Human Services? Yes No

Have you ever been convicted of a Crime (Misdemeanor or Felony)? Yes No

If yes, explain: (Where) (When) (Charge) (Sentence)

(Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying).

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____ Telephone: () _____

Address: _____
City State Zip

Relationship: _____

EDUCATION & TRAINING

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|--------------------------|----------------|-------------------------------------|---------------------------|----------------|
| High School | | | | |
| | | | | |
| College/University | | | | |
| | | | | |
| Business or Trade School | | | | |
| | | | | |
| Professional School | | | | |
| | | | | |

Do you have any special skills or abilities which relate to the job for which you are applying?

Do you possess or have a reliable means of transportation Yes No

WORK HISTORY (Most Recent Job Listed First)

| Name of Employer Address City, State, Zip Code Phone Number | Name of last Supervisor | Employment Dates | Pay or Salary |
|--|-------------------------|------------------|------------------|
| | | From: To: | Start: Final: |
| Your Last Job Title: | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotion while you worked at the company: | | | |

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MAY WE CONTACT YOUR CURRENT EMPLOYER LISTED ABOVE Yes No

I hereby certify that all statement made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts as stated in this application may be justification for refusal to hire, or termination of employment.

I authorized **FASHCARES HEALTH SERVICES, LLC** or its representatives to investigate all references to contact all prior employers and to secure additional information about, if job related. I hereby release from liability **FASHCARES HEALTH SERVICES, LLC** and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I also authorized **FASHCARES HEALTH SERVICES, LLC** or its representatives to conduct criminal history background check as required (by state law for employment eligibility requirements).

I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between this company and me for either employment or for provision of any benefits. If I am offered and accept employment, I understand that the employment is for no definite period of time and May, regardless of the date and payment of my wages and/or salary is terminated under the provisions of the Company policy. I understand that if I am employed by this Company, I will be employed as an employee at will.

I understand that I must meet all the physical standards established by this Company to perform the essential functions of any job for which I am offered employment. I understand that this Company reserves the right to conduct searches of the company's property, vehicles and/or equipment at any time. A refusal to submit to a company search may subject an employee to employment termination.

In signing this form, I understand all the questions and statements in this application and agreed to comply with agency policy, applicable rules and regulations.

Signature of Applicant

Date

FOR ADMINISTRATIVE PURPOSE ONLY

| | |
|--------------------------------------|-------------------------|
| DATE APPLICATION RECEIVED: | REFERRAL SOURCE: |
| INTERVIEWED BY: | DATE: |
| REFERENCE CHECK COMPLETED BY: | DATE: |
| DATE HIRED: | DATE REJECTED: |
| HIRING OFFICER : | TITLE: |
| | |