

**Lee HealthCare
Application for Employment**

To Applicant: We appreciate your interest in Lee HealthCare. A record of your work history will aid in considering you for a position. A resume may be attached but does not substitute for any portion of this application. If a section does not apply, enter N/A.

Personal

Name _____ SS# _____
Last First Middle

Street _____ City _____ State _____ Zip _____

Phone _____ Are you at least 18 y/o? _____ Valid Texas Driver's License? _____

Do you have your own reliable transportation for use in your work? _____

Auto liability insurance? _____ Bilingual? _____ Other languages _____

Ever convicted of a misdemeanor or felony? _____ If yes, explain: _____

Attention unlicensed personnel whose duties would involve direct contact with an agency consumer: Prior to an offer of employment, Lee HealthCare will conduct a State of Texas criminal history check and will also search the nurse aide registry and the employee misconduct registry to determine if you have a criminal conviction or have committed certain conduct that would bar you from employment with the company. A listing on the misconduct registry precludes employment by Lee HealthCare.

Education

Did you graduate from high school? _____ Yes _____ No, last grade completed _____

Post high school education
School Location Area of Study Degree/Hrs Completed Dates

Professional Licenses and Certifications

Type	Date Issued	Expiration	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Desired

Position applying for: _____ Expected Salary _____

Date Available _____ Full Time _____ Part Time _____

Hours available to work _____ Weekends? _____ Holidays? _____

After reading the job description for this position, state whether you can perform all its essential functions: _____

Are you currently employed? _____ May we contact them for references? _____

Employment Record

Current or last employer

Name _____ Phone _____

Complete address _____

Position/Duties _____

Employed from _____ to _____ Salary_

Supervisor _____ Reason for leaving _____

Next Previous Employer:

Name _____ Phone _____

Complete address _____

Position/Duties _____

Employed from _____ to _____ Salary_

Supervisor _____ Reason for leaving _____

Next Previous Employer:

Name _____ Phone _____

Complete address _____

Position/Duties _____

Employed from _____ to _____ Salary_

Supervisor _____ Reason for leaving _____

I certify that all information given on this application is true to the best of my knowledge. I authorize Lee HealthCare to make a thorough investigation of my work and personal history, and I release from liability any person giving or receiving information necessary for the investigation. I understand that falsified or misleading statements given by me on this application may either prevent an employment offer or result in termination if detected after I am hired.

Signature _____ **Date** _____

Lee HealthCare does not discriminate on the basis of race, color, national origin, handicap or age in admission to services or employment in its programs or activities.