

Family Care Nursing, P.L.L.C.

Application for Employment/Contractor

- All information obtained within this application will be held in strict confidence, subject to applicable law.
- Please complete all applicable sections and sign the last page.
- Resumes will NOT be accepted in lieu of a completed application. Our company is a non-subscriber to the Texas Workers' compensation Program.
- Please print clearly.
- This application is not to be removed from this facility.
- Must have Passport or Social Security Card and valid Texas Driver's License

Family Care Nursing, P.L.L.C.. prides itself on being an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry, or place of origin.

1

Date: _____

Name: _____

Telephone: () _____

Address: _____

Postal Code: _____

Are you legally entitled to work in the USA? _____

Social Security Number: _____

Proof will be required upon hire

Position(s) applied for: _____

Date you are available for employment: _____

Wage or salary desired: _____

Have you ever worked for Family Care Nursing, Inc. before? _____

Do you have relatives working worked for Family Care Nursing, PLLC? _____

If yes, when and where? _____

Do you read, write & speak English? _____

Yes

No

Do you read, write & speak any other languages? _____

If yes, which ones: _____

2

EDUCATIONAL BACKGROUND

Family Care Nursing, PLLC.. has a company policy stating a minimum educational level of Grade 12 or equivalent for all positions.

EDUCATIONAL BACKGROUND – relevant to the position applied for

Highest level of education completed: _____

Name of educational institute: _____

What machines or equipment have you operated which relate to the position you have applied for? _____

Are there any skills, experience, of other qualifications which you feel would assist you in performing the duties of the position you have applied for? _____

3a**List below your last three employers, starting with the most recent.**

Employer's Name: _____ Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

3b

Employer's Name: _____ Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

3c

Employer's Name: _____ Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

4**Have you ever been fired or involuntarily terminated from a job? Yes () No ()****5****If you are applying for a position that requires driving, please complete this section:**

Do you have a valid driver's license? _____ License #: _____ State: _____

6

Have you ever been convicted of a felony? Yes () No ()

Note: Convictions MAY disqualify you. False statements WILL disqualify you!

Please explain fully the nature, date and offense of conviction.

7

False information given or implied on an application form is grounds for immediate dismissal without further notice.



FAMILY CARE NURSING P.L.L.C.

CRIMINAL BACKGROUND CHECK RELEASE OF INFORMATION AUTHORIZATION FORM

By my signature below, I authorize **FAMILY CARE NURSING, PLLC** through the State Bureau of Investigation, Division of Criminal Information to perform a Texas criminal history record information check relative to my application for employment or volunteer services with **FAMILY CARE NURSING, PLLC** Agency pursuant (cite the applicable law)

Please print legibly or type the following information:

Name: _____
Last First Middle Maiden

Previous Names(s) including previous married name(s) and aliases:

Address:

If applicant has lived in the above address for less than two (2) years, please list previous address(es) below:

Social Security # _____ Date Of Birth _____ Sex _____
Place of Birth _____
City County State Country

I understand that the Texas Bureau of Investigation, Division of Criminal Information and its official and employees shall not be held legally accountable in any way for providing information to the above named healthcare Provider, and I hereby release said Agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the healthcare provider **CANNOT PROVIDE ME WITH A COPY OF RESULTS OF THIS CRIMINAL HISTORY RECORD CHECK.**

Applicant's Signature: _____ Date: _____