



APPLICATION FOR EMPLOYMENT

PLEASE PRINT IN BLACK INK OR TYPE. Fill out the application completely and if questions are not applicable, enter "N/A".
Do not leave questions blank. Be sure to sign where indicated. Texas Spine & Joint Hospital is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment. **Resumes will not be accepted in lieu of this application,** unless specifically stated in the job vacancy announcement.

NAME _____ DESIRED POSITION _____
(Last) (First) (Middle)

MAILING ADDRESS _____ AC () _____
(Street) (City) (State) (Zip) (County) Home Phone _____

E-MAIL ADDRESS _____ AC () _____
 Cell Phone _____

List any other names used if different from name on this application. _____

Full-Time Part-Time Summer Temp/Project Date available for work? _____

Are you willing to work hours other than 8-5? Yes No Shift Preference _____

What days are you unable to work? _____

Are you willing to Travel? Yes No If yes, what percent of time? _____

Current Driver's License # (if required for position) _____
(State) (Number)

Are you at least 17 years of age? Yes No

Have you ever been convicted of a misdemeanor, felony or subjected to a deferred adjudication on a felony charge? Yes No
 If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court and the disposition of the case(s). A conviction may not disqualify you, but false statement will.

EDUCATION (NOTE: Applicant may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)
 Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive GED? Yes No

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical, Vocational, or Business Schools										

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed resume.

Name: _____
Last
First
Middle

Position Title: _____						Immediate Supervisor Name: _____		Full-Time	<input type="checkbox"/>	
Employer: _____								Part-Time	<input type="checkbox"/>	
Mailing Address: _____						Title: _____		Summer	<input type="checkbox"/>	
City & State/ZIP: _____						Supervisor's Telephone No.: _____		Temp/Project	<input type="checkbox"/>	
Employer's Telephone No.: AC (_____)						AC (_____)		Give average # of hours worked per week if part-time:		
Starting Date		Leaving Date		Current/ Final Salary	Technical					
Mo.	Day	Yr.	Mo.		Day	Yr.	Non-Managerial			<input type="checkbox"/>
						\$	Supervisory/Managerial		<input type="checkbox"/>	

Summary of Experience:

Specific reason for leaving:

Position Title: _____						Immediate Supervisor Name: _____		Full-Time	<input type="checkbox"/>	
Employer: _____								Part-Time	<input type="checkbox"/>	
Mailing Address: _____						Title: _____		Summer	<input type="checkbox"/>	
City & State/ZIP: _____						Supervisor's Telephone No.: _____		Temp/Project	<input type="checkbox"/>	
Employer's Telephone No.: AC (_____)						AC (_____)		Give average # of hours worked per week if part-time:		
Starting Date		Leaving Date		Current/ Final Salary	Technical					
Mo.	Day	Yr.	Mo.		Day	Yr.	Non-Managerial			<input type="checkbox"/>
						\$	Supervisory/Managerial		<input type="checkbox"/>	

Summary of Experience:

Specific reason for leaving:

Position Title: _____							Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer: _____									Part-Time <input type="checkbox"/>
Mailing Address: _____							Title:		Summer <input type="checkbox"/>
City & State/ZIP: _____							Supervisor's Telephone No.:		Temp/Project <input type="checkbox"/>
Employer's Telephone No.: AC (_____)							AC (_____)		Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/	Technical <input type="checkbox"/>	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial <input type="checkbox"/>		
						\$	Supervisory/Managerial <input type="checkbox"/>		

Summary of Experience:

Specific reason for leaving:

Position Title: _____							Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer: _____									Part-Time <input type="checkbox"/>
Mailing Address: _____							Title:		Summer <input type="checkbox"/>
City & State/ZIP: _____							Supervisor's Telephone No.:		Temp/Project <input type="checkbox"/>
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Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial <input type="checkbox"/>		
						\$	Supervisory/Managerial <input type="checkbox"/>		

Summary of Experience:

Specific reason for leaving:

Position Title: _____							Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer: _____									Part-Time <input type="checkbox"/>
Mailing Address: _____							Title:		Summer <input type="checkbox"/>
City & State/ZIP: _____							Supervisor's Telephone No.:		Temp/Project <input type="checkbox"/>
Employer's Telephone No.: AC (_____)							AC (_____)		Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/	Technical <input type="checkbox"/>	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial <input type="checkbox"/>		
						\$	Supervisory/Managerial <input type="checkbox"/>		

Summary of Experience:

Specific reason for leaving:

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If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND
INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN
THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire, or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. as required by law.
3. I authorize TSJH to check with the Texas Department of Public Safety or other organizations, for a criminal history background check.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have with regard to any of the subjects covered by this application and I release all such parties from all liability from any damages which may result from furnishing such information to TSJH.
5. I understand that my employment is for no definite period and is "at will", and that the employer/employee relationship can be terminated at any time with or without prior notice.

I acknowledge that I have read and understand the above statements

This application must be signed

Sign Here: X _____

Date: _____

APPLICANT EEO DATA FORM

The information requested is optional and will not be considered as part of the application for employment. It will be separated from the application.

Job Title	Last Name	First	Middle
Address		City	State
		ZIP Code	Home Phone ()
		Work Phone ()	
Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female	Birth Date	Race/Ethnicity (Check one box)	
		<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White
		<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Two or more Races	
How did you find out about the job? (Check one)			
<input type="checkbox"/> 01 - Other TSJH Employee	<input type="checkbox"/> 06 - Newspaper _____ <small>Name of Newspaper</small>	<input type="checkbox"/> 11 - WorkInTexas.com	
<input type="checkbox"/> 02 - Job Fair	<input type="checkbox"/> 07 - College/University Career Day	<input type="checkbox"/> 12 - Other (specify): _____	
<input type="checkbox"/> 03 - Professional Publication	<input type="checkbox"/> 08 - Human Resource Office		
<input type="checkbox"/> 04 - Recruitment Poster	<input type="checkbox"/> 09 - Radio		
<input type="checkbox"/> 05 - Television	<input type="checkbox"/> 10 - TSJH Web Site - Internet		

X _____
Signature - Applicant Date

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