



## Equal Opportunity Employer

SETMA is an equal opportunity employer. The attached information is gathered and documented for statistical purposes only. This page will be separated from the application immediately upon submission by you and will not be available for review by any departments during the review of your application. Your cooperation in completing this section is greatly appreciated.

<b>Today's date:</b>	<input style="width: 100%;" type="text"/> Month	<input style="width: 100%;" type="text"/> Day	<input style="width: 100%;" type="text"/> Year
<b>Name:</b>	<input style="width: 100%;" type="text"/> Last	<input style="width: 100%;" type="text"/> First	<input style="width: 100%;" type="text"/> M.I.
<b>S.S.#:</b>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> -	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> -	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
<b>Date of Birth:</b>	<input style="width: 100%;" type="text"/> Month	<input style="width: 100%;" type="text"/> Day	<input style="width: 100%;" type="text"/> Year

**Position Applying for?**

***Please check the appropriate race:***

- ⑨ **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America, South America and Central America, who maintains tribal affiliation or community attachment.
- ⑨ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including, for example, China, Cambodia, Japan, India, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand and Vietnam.
- ⑨ **Black or African American** - A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American”.
- ⑨ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ⑨ **Caucasian** – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ⑨ **Hispanic or Latino** (Caucasian race only) – A persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin and of the Caucasian race.
- ⑨ **Hispanic or Latino** (all other races) – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin and of any other than the Caucasian race.

**How did you learn of us?**



# Application For Employment

AN EQUAL OPPORTUNITY EMPLOYER

Position Applying For: \_\_\_\_\_

Application Date: \_\_\_\_\_

DOH: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Location: \_\_\_\_\_ Auth. Int. \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Instructions:** Please print in black ink or type. Complete all information omitting shaded areas.

<b>PERSONAL</b>	Social Security Number	Name (Last, First, MI)	Preferred Name	Alias/Maiden Name
	Street Address		City, State, Zip Code	
	Home Number ( ) ( ) ( )	Additional number where you may be reached ( ) ( ) ( ) <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/> Work	Any of the following which apply to you <input type="checkbox"/> 18 or Older <input type="checkbox"/> American Citizen <input type="checkbox"/> Eligible to Work in US under Government Guidelines	
<b>POSITION</b>	Qualifications:		Location Preferred:	
	Do You Have Dependable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Clinic <input type="checkbox"/> Home Care <input type="checkbox"/> Other <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Hospice _____	
	Desired Start Date / /	Requested Pay Rate \$	(4) Type of Work Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary-Hours Available? _____ <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer Staff-Dates Available? _____	

<b>EDUCATION AND TRAINING</b>	<b>SKILL/APTITUDE</b>	<b>YEARS OF EXPERIENCE</b>	<b>WORDS PER MINUTE</b>	<b>SOFTWARE USED</b>
	Typing			
	10 Key Calculator			
	Word Processing			
	<input type="checkbox"/> PC <input type="checkbox"/> Macintosh <input type="checkbox"/> Main Frame			

State any additional information you feel may be helpful to us in considering your application:

Highest Education Level

High School: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Other: \_\_\_\_\_

<b>SCHOOL NAME, CITY AND STATE</b>	<b>DEGREE</b>	<b>CUMULATIVE GRADE PT. AVG.</b>	<b>GRADUATED (Y OR N)</b>	<b>MAJOR</b>
High School				
College				
Graduate School				
Medical School				
Trade/Technical School				

Are You Presently Attending School?  
 Yes  No

If Yes, School Name and Address: \_\_\_\_\_

License or Certification?  
 Yes  No

If Yes:  
Type: \_\_\_\_\_ ID#: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Issued By: \_\_\_\_\_ Exp: \_\_\_\_\_

Foreign Languages You Can Use Fluently: \_\_\_\_\_

**WORK INFORMATION**

**BEGINNING WITH MOST RECENT, LIST ALL PRESENT AND PAST EMPLOYMENT**  
 PLEASE PROVIDE COMPLETE INFORMATION

<b>CURRENT OR LAST JOB</b>	Name of Employer		Address (#, Street, City, State, Zip)		Type of Business
	Phone	Date Employed (Begin & Ending Month/Year) / / thru / /		Beginning Salary \$	Ending Salary \$
	Position Held	Department		Skills Used	
	Duties Performed				
	If presently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			If now employed, why do you wish to make a job change? If not employed, reason for leaving last job?	

<b>PAST WORK EXPERIENCE</b>	Name of Employer		Address (#, Street, City, State, Zip)		Type of Business
	Phone	Date Employed (Begin & Ending Month/Year) / / thru / /		Beginning Salary \$	Ending Salary \$
	Position Held	Department		Skills Used	
	Duties Performed				
	Reason For Leaving				
	Name of Employer		Address (#, Street, City, State, Zip)		Type of Business
	Phone	Date Employed (Begin & Ending Month/Year) / / thru / /		Beginning Salary \$	Ending Salary \$
	Position Held	Department		Skills Used	
	Duties Performed				
	Reason For Leaving				
<b>Use a separate sheet of paper to list any jobs not included above. Please provide employment history for at least the last five years.</b>					
Have you ever been fired or otherwise asked to leave a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain:					
Were You Previously Employed by SETMA or Associated Companies		Dates (Month/Yr)		Position	Department
<input type="checkbox"/> Yes <input type="checkbox"/> No		From:	To:		
List any relatives or in-laws employed by SETMA or Associated Companies (Name And Relation)					

<b>CRIMINAL HISTORY</b>	<i>A yes answer to the question below does not automatically disqualify you from employment. The nature of the offense, date, and type of work for which you are applying will be considered</i>				
	Have you ever been convicted of, or pleaded no contest to, a criminal act that will show up on a criminal history search? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If Yes, in what State?		Please explain the act:		

<b>REFERENCES</b>	<i>(Give the Names of Three Persons Not Related to You, Whom You Have Known at Least One Year)</i>			
	Name	Address	Business/Telephone #	Year(s) Acquainted
	1.			
	2.			
3.				

**Important: Please read each paragraph carefully before signing**

**STATEMENT OF EMPLOYABILITY**

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED BY THE AGENCY THAT A STATE OF TEXAS CRIMINAL HISTORY CHECK WILL BE PERFORMED ON MY NAME AND MAY SEARCH THE NURSE AIDE REGISTRY AND THE EMPLOYEE MISCONDUCT REGISTRY. I HAVE INFORMED THE AGENCY OF ALL NAMES (I.E., MAIDEN, ALIASES) THAT I HAVE USED IN THE PAST. I HAVE NOT BEEN CONVICTED OF THE FOLLOWING CRIMES.

Arson	Injury to a Child	Homicide-Criminal
Assault	Burglary	Aiding Suicide
Assault-Aggravated	Sale or Purchase of a Child	Kidnapping/Abduct from Custody
Assault-Sexual	Injury to the Disabled	Robbery
Abandoning or Endangering a Child	Injury to the Elderly	Robbery-Aggravated
Indecency with a Child	False Imprisonment	
Misapplication of fiduciary property or property of a financial institution	Securing execution of a document by deception	

IN ADDITION, I ACKNOWLEDGE THAT IF I AM FOUND TO HAVE BEEN CONVICTED OF AN OFFENSE UNDER CHAPTER 31, PENAL CODE OR ANY OTHER OFFENSE (S), THAT THESE MAY ALSO BAR MY EMPLOYMENT. THIS SWORN AFFIDAVIT STATES THE UNDERSIGNED HAS NO CRIMINAL CONVICTIONS, IN TEXAS OR ANY OTHER STATE, OF AN OFFENSE.

**TESTING**

*A battery of tests may be required of applicants before recommendation for employment. Individuals with a disability who require accommodations to take a required test should inform the tester in advance so accommodations can be made. A drug test is required and must be successfully completed before an employment offer is final. Your signature below indicates consent for this testing. Certain job classifications may require a medical examination after a conditional job offer has been made and before a potential employee begins work.*

**TOBACCO-FREE WORKPLACE**

*In the interest of providing a clean, safe, healthy, working environment, and promoting wellness among all employees, smoking and the use of all other tobacco products are not allowed in any Southeast Texas Medical Associates, L.L.P. building, parking, vehicle or on company time.*

**PLEASE REVIEW CAREFULLY BEFORE SIGNING STATEMENT BELOW**

By my signature placed below, I affirm the information provided in this employment application is true and complete. I understand if employed, any false information or omissions shall be considered sufficient cause for dismissal without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I agree to immediately notify Southeast Texas Medical Associates, L.L.P. if I should be convicted any crime while my job application is pending or during my period of employment, if hired.

I authorize the investigation of all statements contained in this application. I also authorize the company to contact my present employer (unless otherwise noted in this application form), past employers and listed references and other references that might know of my qualifications for employment.

I authorize any person, school, current employer (except as previous noted), past employer(s), physician(s), and organizations who might know of my qualifications for employment to provide Southeast Texas Medical Associates, L.L.P. with relevant information and opinions that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I understand before any employment offer is final, I will be given a drug test. My signature on this application gives consent for this drug test.

I understand and agree, if hired, I may be required at anytime to a drug/alcohol test to determine if I am using or under the influence of drugs or alcohol. I also understand and agree, if hired, I may be required to submit to a search of my personal property for drugs, alcohol, weapons, or stolen property on Southeast Texas Medical Associates, L.L.P.'s property. If hired, I understand that if I become uninsurable, for purpose of driving a vehicle on company time, I may be immediately terminated.

I understand this application does not, by itself, create a contract of employment. I understand and agree, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. I understand NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

This application will be retained for 12 months, and then destroyed. You may reapply if you so desire. If employed, this Employment Application will become part of your permanent file.

**SIGNATURE:**

**DATE:**

**SIGNATURE IS REQUIRED FOR APPLICATION TO BE CONSIDERED**