



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.

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

Position Applying for?

Please check the appropriate race/ethnicity:

- ⑨ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- ⑨ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ⑨ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- ⑨ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ⑨ **Asians (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ⑨ **Native American or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North/South America (including Central America), and who maintain tribal affiliation or community attachment.
- ⑨ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than 1 of the above.

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.

PERSONAL	Social Security Number		Name (Last, First, MI)		Preferred Name		Alias/Maiden Name			
	Street Address				City, State, Zip Code					
	Home Number ()		Cell Number ()		Any of the following which apply to you					
	Email Address				<input type="checkbox"/> 18 or Older <input type="checkbox"/> American Citizen <input type="checkbox"/> Eligible to Work in US under Government Guidelines					
POSITION	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					
EDUCATION AND TRAINING	SKILL/APTITUDE		YEARS OF EXPERIENCE		WORDS PER MINUTE		SOFTWARE USED			
	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: _____									
	SCHOOL NAME, CITY AND STATE		DEGREE		CUMULATIVE GRADE PT. AVG.		GRADUATED (Y OR N)		MAJOR	
	High School									
College										
Graduate School										
Medical School										
Trade/Technical School										
Are You Presently Attending School? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, School Name and Address:						
License or Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No		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

CURRENT OR LAST JOB	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? Yes No			If now employed, why do you wish to make a job change? If not employed, reason for leaving last job?	

PAST WORK EXPERIENCE	Name of Employer <input type="checkbox"/>		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				
Use a separate sheet of paper to list any jobs not included above. Please provide employment history for at least the last five years.					
Have you ever been fired or otherwise asked to leave a job? Yes No If Yes, Please Explain:					
Were You Previously Employed by SETMA or Associated Companies <input type="checkbox"/> <input type="checkbox"/> Dates (Month/Yr) Position Department					
Yes No From: To:					
List any relatives or in-laws employed by SETMA or Associated Companies (Name And Relation) <input type="checkbox"/> <input type="checkbox"/>					

CRIMINAL HISTORY	<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? Yes No				
	If Yes, in what State? <input type="checkbox"/>		Please explain the act:		

REFERENCES	<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