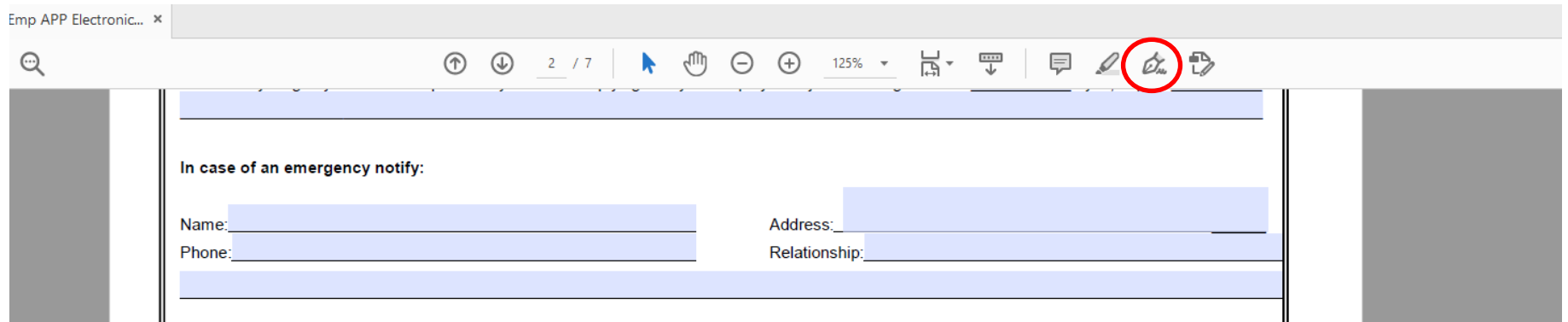


DOWNLOAD/ ELECTRONIC SIGNATURE INSTRUCTIONS

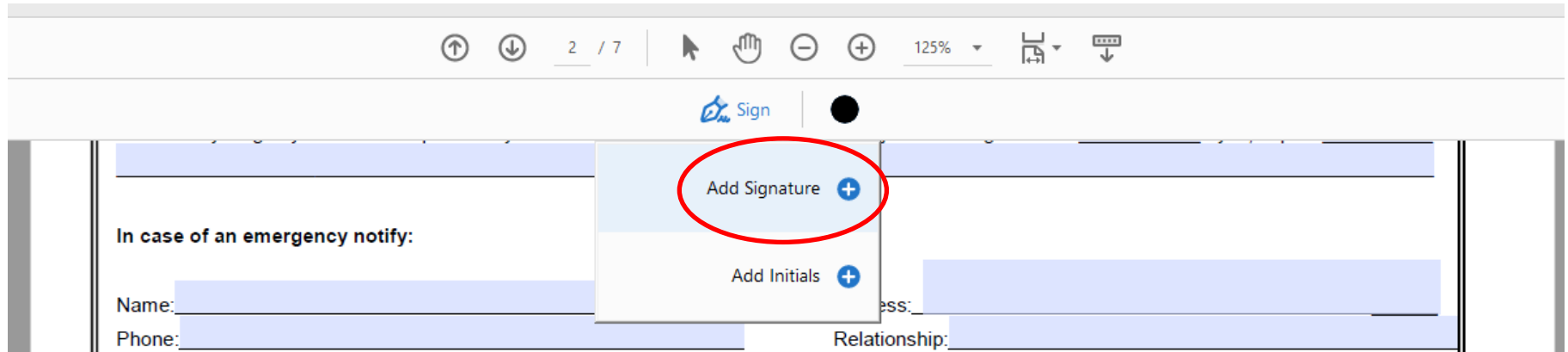
1. After opening the employment application make sure to save a copy to your computer.
2. Open the file saved onto your computer and begin to fill out employment application.
3. To electronically sign the form follow the steps illustrated below.
 - a. Click on the pen icon.



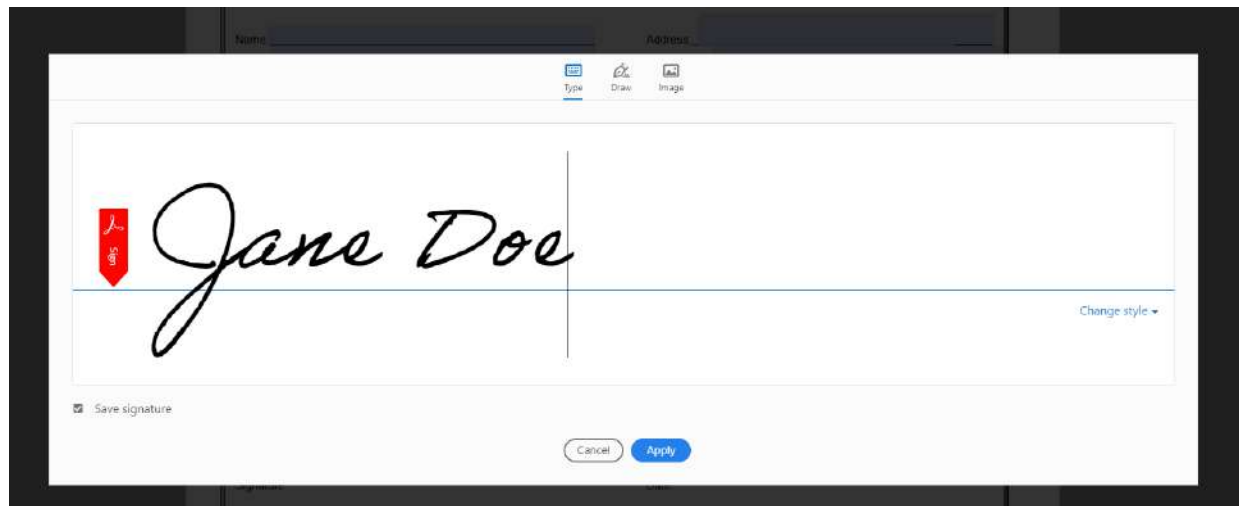
- b. The pen icon will open, click again on the pen to sign document.



c. Click on add signature.

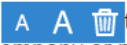




d. A text box will appear as show below. Start typing your first and last name. You can change the font style under “Change style” for a signature look. Once done, click “Apply”.



- e. Your electronic signature will generate for the document. You can move it to the signature line it needs to go on. To place your signature on the line just click your mouse once and it will secure your signature on that line. Repeat these steps for all other signature lines. Make sure to save all changes.

I understand that my completion of this Application for Employment does not mean that the Company employs me.

 stand that if employed by the Company, employment with Company is terminable at-will and may be terminated by the Company or me at any time for any reason with or without notice.

Signature Date

Thank you for completing this Application for Employment and for your interest in employment with South Texas Rural Health Services, Inc. We would like to assure you that your opportunity for employment with STRHS, Inc. will be based upon merit only and no other circumstances.

***Feel free to email fax, or drop off your applications at one of our clinic locations. See website for details.**

SOUTH TEXAS RURAL HEALTH SERVICES, INC. EMPLOYMENT APPLICATION

South Texas Rural Health Services, Inc. (STRHS) is an equal opportunity employer and complies with all applicable laws regarding equal employment opportunities for all qualified applicants and employees. This Company does not discriminate in employment on the basis of age, race, color, religion, sex, national origin, physical or mental disability, veteran status or any other legally protected characteristic.

Date: _____

PERSONAL

Name: Last	First	Middle
Address:		
City:	State:	ZIP:
Phone: _____		
Social Security #:		
Drivers License #:	State:	Class: Expires:
Are you over the age of 18? Y N		Have you ever worked for STRHS before: Y N
If yes, where and when? _____		
Are you Bilingual? Y N		
The following question is to be completed during interview.		
Are you related to any current STRHS, Inc. board member? Y N If yes, whom? _____		
Position Desired: _____		Date Available: _____
Are you currently employed? Yes No		If so, may we contact your present employer? Yes No

EMPLOYMENT HISTORY

List Below Last Three Employers (Starting with the last one first).

Date Month & Year	Name and Address of Employer	Salary	Position	Reason for Leaving	Supervisor's Name
From: To:					
From: To:					
From: To:					

EDUCATION

Name, Address and Location	Graduate	Type of Degree
High School	Y N	_____
College	Y N	_____
Business/Trade School Or Other Specialized Education	Y N	_____

References: Please list two (2) previous supervisors that we may contact and one (1) person who has known you for 5 years who is not a relative.

	<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>	<i>Years Known</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

OTHER PERTINENT INFORMATION

Have you ever been convicted of a criminal offense that was, or would be, a misdemeanor or felony in the State of Texas? Yes No
(A yes answer will not necessarily disqualify you from employment with STRHS. The date, nature of the offense, other circumstances, which should be considered, and the position for which you are applying will be considered.) Being convicted of a felony or misdemeanor while employed by STRHS may be grounds for termination from employment with STRHS.

If yes, please explain (when, where, what, etc): _____

Is there anything you feel STRHS should know about you, whether hobbies, records, awards, please comment:

Are you able to perform all of the essential functions of the job for which you are applying? Yes No
If no, what job functions can you not perform? _____

What accommodations may be made so that you may perform the job functions? _____

Is there anything in your life which prevents you from complying with your employment job duties/agreement? _____ If yes, explain _____

In case of an emergency notify:

Name: _____ Address: _____
Phone: _____ Relationship: _____

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby declare that all statements contained in this application are true and correct and I understand that false, misleading, incomplete, or inaccurate information in this application will be the basis for withdrawal of any employment offer or if employed, may result in termination from employment.

In connection with my employment/application for employment with this Company, I hereby authorize and understand that this release acknowledges that the Company may now, or at any time in the future, prior to my employment or while I am employed, conduct a background investigation including a public record search, verification of prior employment, academic and training record, references, consumer report, driving record, criminal conviction history, general background and personal character.

I authorize and request all persons, schools, corporations, employers, credit bureaus, courts, law enforcement agencies, employment commissions and governmental agencies to release any and all information without restriction or qualification. I authorize a photocopy of this release to be considered as effective and valid without restriction or qualification. I am aware that I have a right to request the nature and scope of the results, from the company hired to conduct the research (if any).

I voluntarily waive and release the requested parties from liability for complying with this request/release. Further, I waive and release the Company and its agents from any claims, liabilities and damages resulting from obtaining information on me or their opinion regarding matters on my background check.

I understand that my completion of this Application for Employment does not mean that the Company employs me.

I understand that if employed by the Company, employment with Company is terminable at-will and may be terminated by the Company or me at any time for any reason with or without notice.

Signature Date

Thank you for completing this Application for Employment and for your interest in employment with South Texas Rural Health Services, Inc. We would like to assure you that your opportunity for employment with STRHS, Inc. will be based upon merit only and no other circumstances.

SOUTH TEXAS RURAL HEALTH SERVICES, INC.

*P.O. Box 599
Cotulla, Texas 78014*

**CONSENT FORM for
CRIMINAL BACKGROUND CHECK**

DATE: _____

TEXAS DEPARTMENT OF PUBLIC SAFETY
Attn: Criminal Records Department
P.O. Box 15999
Austin, Texas 78761

REFERENCE: CRIMINAL BACKGROUND CHECK

NAME: _____
Last First Middle

Sex: _____ Race: _____ DOB: _____ SS# _____

I _____, hereby give permission to the Texas Department of Public Safety to release the Criminal Background Check to South Texas Rural Health Services, Inc. I further understand I will be drug tested upon hire and randomly thereafter.

Please forward information to:

South Texas Rural Health Services, Inc.
P.O. Box 599
Cotulla, Texas 78014

***Notice to Applicant and Employee: Criminal Background Findings and/or a Positive Drug Test will Result in Termination of Orientation and all agreements for employment, Without any Exceptions. South Texas Rural Health Services, Inc. reserves the right to conduct random drug testing in accordance with the Personnel Policy of the Agency.**

Print Name

Signature

Date

CHAPTER XII. Termination of Employment

Section 7. Substance Abuse Policy

The Center has a zero tolerance policy concerning substance abuse. Employees and contract staff may not abuse substances or report to work under the influence of substances. The Center may conduct drug testing and/or search of the premises or property on the premises at its sole discretion upon employment or as a condition of continued employment. Any employee involved in substance abuse in violation of this policy will be subject to discipline, up to and including discharge. If you have questions concerning substance abuse or need rehabilitation or counseling for substance abuse, contact the Chief Executive Officer prior to any detection and situation that might result in an investigation and disciplinary action. The Chief Executive Officer can make a confidential referral to a program offering rehabilitation and counseling services.

APPLICANTS COPY

South Texas Rural Health Services, Inc.

Acknowledgement of Personnel Policies and Consent to Drug Testing

I hereby acknowledge that I have received a copy of STRHS, Inc. Personnel Policies. I agree to read the manual and seek clarification of any aspect of the manual or my job duties that I do not understand. I agree to follow STRHS, Inc., Policies and Procedures and other instructions I am given. I understand and agree that the policies described in the manual are intended for general guidance and the STRHS, Inc. may, from time-to-time, modify, cancel or depart from any of the policies, rules, procedures or benefits discussed therein.

I further understand STRHS, Inc., substance abuse policy, and authorize searches of my person and personal property on STRHS, Inc., premises by STRHS, Inc., or its agents in connection with any investigation regarding compliance STRHS, Inc. policies. I hereby consent to drug and alcohol testing by the STRHS, Inc., as a condition of employment with the center.

I further understand that the STRHS, Inc. Personnel Policies Manual is not a contract. I acknowledge that in the absence of a formal written term employment contract signed by the CEO. My employment is not for any definite period of time and may be terminated by me or the STRHS, Inc. , at any time for any reason, without contractual liability . I agree that no statement to the contrary, past or future, shall be binding on STRHS, Inc., unless first reduced to writing and signed by both myself and the CEO or the Governing Board Chairperson.

I understand that STRHS, Inc., Personnel Policies Manual is STRHS, Inc. property and I agree to return the Manual along with all other STRHS, Inc., property to STRHS, Inc., upon the termination of my employment, regardless of the reason for my separation.

SIGNED THIS _____ DAY OF _____ 20_____

By: _____
Signature of Employee

[Print Name]

Witness Signatures
STRHS Employee performing drug test

[Print Name of Witness]

Results: _____ Negative _____ Positive

TEXAS DPS

APPLICATION FOR COPY OF DRIVER RECORD



MAIL TO: Texas Department of Public Safety, Box 149008, Austin, TX 78714-9008

DO NOT MAIL CASH. Mail check or money order payable to: Texas Department of Public Safety

Any questions regarding the information on this form should be directed to the Contact Center at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

FEE

<input type="checkbox"/> 1. Name - DOB - License Status - Latest Address.	\$ 4.00
<input type="checkbox"/> 2. Name - DOB - License Status - 3 Year Record only lists Crashes/Moving Violations.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC).	\$ 10.00
<input type="checkbox"/> 3. Name - DOB - License Status - Record of ALL Crashes/Violations. Furnished to Licensee Only.	\$ 7.00
<input type="checkbox"/> 3A. CERTIFIED version of #3. Furnished to Licensee Only and is Acceptable for DDC.	\$ 10.00
<input type="checkbox"/> 4. Abstract Record - Certified abstract of completed driver record.	\$ 20.00
<input type="checkbox"/> Other: (Original Application, DWLI, etc.)	\$ 1.00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name _____ Requestor's First Name _____

Street Address _____ Texas Driver License Number _____

City _____ State _____ Zip Code _____ Daytime Telephone Number (include area code) _____

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc. _____

Your Title or Affiliation with above _____

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.) _____

Information Requested On:

Texas Driver License Number _____ Date of Birth _____ Suffix (SR., JR., etc.) _____

Last Name _____

First Name _____

Middle Name/Maiden Name _____

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____

Signature of License / ID Card Holder or Parent / Legal Guardian _____

Date _____

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____

Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

Important Instructions – Read Carefully

The Texas Department of Public Safety may disclose personal information to a requestor without written consent of the DL/ID holder, on proof of their identity and a certification by the requestor that the use of the personal information is authorized under state and federal law and that the information will be used only for the purpose stated and in complete compliance with state and federal law.

You must meet one or more of the following exceptions if you do not have written consent of the DL/ID holder to be entitled to receive personal information on the above named individual. Please initial each category that applies to the requested driver record.

- _____ 1. For use in connection with any matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle emissions; (d) motor vehicle product alterations, recalls, or advisories; (e) performance monitoring of motor vehicles or motor vehicle dealers by a motor vehicle manufacturer; or (f) removal of nonowner records from the original owner records of a motor vehicle manufacturer to carry out the purposes of the Automobile Information Disclosure Act, the Anti Car Theft Act of 1992, the Clean Air Act, and any other statute or regulation enacted or adopted under or in relation to a law included in the above.
- _____ 2. *(Valid for Certified Abstract)* For use by a government agency in carrying out its functions or a private entity acting on behalf of a government agency in carrying out its functions.
- _____ 3. For use in connection with a matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles, motor vehicle parts, or motor vehicle dealers; (e) motor vehicle market research activities, including survey research; or (f) removal of nonowner records from the original owner records of motor vehicle manufacturers.
- _____ 4. For use in the normal course of business by a legitimate business or an authorized agent of the business, but only to verify the accuracy of personal information submitted by the individual to the business or the authorized agent of the business and to obtain correct information if the submitted information is incorrect to prevent fraud by pursuing a legal remedy against, or recovering on a debt or security interest against the individual.
- _____ 5. *(Valid for Certified Abstract)* For use in conjunction with a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self regulatory body, including service of process, investigation in anticipation of litigation, execution or enforcement of a judgement or order, or under an order of any court.
- _____ 6. For use in research or in producing statistical reports, but only if the personal information is not published, redisclosed, or used to contact any individual.
- _____ 7. For use by an insurer or insurance support organization, or by a self insured entity, or an authorized agent of the entity, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- _____ 8. For use in providing notice to an owner of a towed or impounded vehicle.
- _____ 9. For use by a licensed private investigator agency or licensed security service for a purpose permitted as stated on this page.
- _____ 10. *(Valid for Certified Abstract)* For use by an employer or an authorized agent or insurer of the employer to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. Chapter 313.
- _____ 11. For use in connection with the operating of a private toll transportation facility.
- _____ 12. For use by a consumer-reporting agency as defined by the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.) for a purpose permitted under the Act.
- _____ 13. For any other purpose specifically authorized by law that relates to the operation of a motor vehicle or to public safety.
Please state specific statutory authority _____
- _____ 14. For use in the preventing, detecting, or protecting against identity theft or other acts of fraud. The Department prior to release of personal information may require additional information.

Below is an example of how numbers and letters should be written on front of this form:



1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z