

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

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. The test that will be administered consists of a five-panel strip indicating THC, Cocaine, Opiates, Amphetamines and PCP.

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

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.

Please Initial Here

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