

Applicant Acknowledgement And Authorization

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Bexar Home Health (hereinafter referred to as "Bexar") that such employment with Bexar is at will, for no specified duration and may be terminated by either Bexar or myself at any time, with or without cause. I understand that none of the documents, policies, procedures, action, statements of Bexar or it resented during the employment process is deemed a contract of employment real or implied. I understand that no representative of Bexar except the President and/or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Bexar Home Health

In consideration for employment with Bexar, if employed, I will conform to the rules, regulations, policies and procedures of Bexar at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the business, attendance and punctuality are considered essential requirements of every job at Bexar and that a poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Bexar, I may be required to submit to a pre-employment medical examination, drug screening, and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize all schools, former employers, references, courts and any others who have information to provide such as information to Bexar and/or any of its representatives, agents or vendors and all parties involved from any and all liability for any and all damage that may result from hiding such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant:

BEXAR IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, HENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW

Employment Application

Bexar Home Health
902 Rolling Grove
San Antonio, TX 78253

Bexar Home Health is an equal opportunity employer and affords equal opportunity to all applicants for all positions without discrimination to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state, or federal laws.

(PLEASE PRINT IN INK)

Position(s) Applied For		Date of Application	
Last Name Maiden Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone	Alternative Number		Email
Place of Birth: City	State	Country	
How Did You Hear About Us?			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other			

Are you legally eligible to work in the United States? Yes No
(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? Yes No

Have you ever applied to Bexar Home Health Before? Yes No

(If yes, please give a date) _____

Is anyone related to you employed by Bexar Home Health? Yes No

If yes, please give their name and relationship to you _____

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain

What salary or rate of pay do you expect to receive if employed? _____ per _____

Do you have any commitments to a current or former employer that might affect your employment with us (including, but not limited to, a non-competition agreement)? If yes, please explain _____ Yes No

On what date would you be available to work? _____

Days and Hours available (If employed, I will notify my manager in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

EDUCATION

	Name and Location of School	Course of Study or Major	# of years Completed	Diploma/Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities, or veteran status.)

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? Yes No
Please give dates and explanation:

Employment History (Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Bexar.)

Company Name:	Employment Dates From: To:	Salary Start	End	Name and Title of Supervisor
Address:		\$	\$	

Phone:	Describe your duties:
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Reason for leaving and explanation:
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Company Name:	Employment Dates From: To:	Salary Start	End	Name and Title of Supervisor
Address:		\$	\$	

Phone:	Describe your duties:
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Address:		\$	\$	

Phone:	Describe your duties:
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Reason for leaving and explanation:
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Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship/Occupation	Years Known