



APPLICATION FOR EMPLOYMENT

This application can be filled out electronically or hand written (please use ink).

Information provided will be verified.

An Equal Opportunity Employer

WORKFORCE DIVERSITY IS AN ESSENTIAL PART OF COMPANY'S COMMITMENT TO QUALITY AND TO THE FUTURE. WE ENCOURAGE YOU TO APPLY, WHATEVER YOUR RACE, GENDER, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION OR VETERAN STATUS. IF YOU NEED AN ACCOMMODATION TO PARTICIPATE IN THE APPLICATION PROCESS, PLEASE LET US KNOW.

PERSONAL INFORMATION

(LEGAL NAME) LAST NAME		FIRST NAME	MIDDLE NAME	TODAY'S DATE
LIST ANY OTHER NAMES USED IF DIFFERENT FROM NAME ABOVE (FOR BACKGROUND VERIFICATION PURPOSES ONLY. THIS INFORMATION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT.)				
PRESENT ADDRESS		CITY AND STATE	ZIP CODE	ARE YOU OVER THE AGE OF 18 YEARS?
HOME PHONE	CELL PHONE	IF OFFERED EMPLOYMENT, CAN YOU SUBMIT EVIDENCE OF YOUR LEGAL RIGHT TO WORK FOR THE COMPANY IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		

REFERENCES

Please list at least 3 individuals who are qualified to evaluate your capabilities, preferably managers, peers, or subordinates. DO NOT INCLUDE RELATIVES.

NAME	RELATIONSHIP	TITLE	COMPANY	HOME PHONE/WORK PHONE
1.				
2.				
3.				

SECURITY DATA INFORMATION

Please provide accurate and complete information in response to the following 4 questions. This information will be taken into account in the employment process. Do not include in response to any of the questions below: arrests without convictions or incarcerations for which a record has been sealed or expunged. **Please note that "yes" responses will not necessarily disqualify you from employment, nor will a "no" response guarantee employment.**

- YES NO Within the last seven years, have you been convicted of or pleaded guilty or nolo contendere (no contest) to a crime or other offense? Include any and all court convictions, military service convictions, deferred adjudication or guilty or nolo contendere pleas.
- YES NO Are you currently on parole, probation, work release program, deferred adjudication, conditional release, or serving a weekend sentence as a result of a conviction or a guilty or nolo contendere (no contest) plea?
- YES NO In the last seven years, have you been confined (incarcerated) as a result of the sentence of any court? (Include incarcerations resulting from the sentence of a military court or similar proceeding.)
- YES NO Are you presently under indictment or are you currently a defendant in any criminal proceeding?

If you answered "yes" to any of the above questions, please provide the following information as an attachment: list date(s), offense(s), and disposition(s).

List Any Special Designations, Licenses, or Certifications.

Other Special Knowledge, Skills, or Qualifications.

Hiring Policies and Procedures

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX (INCLUDING PREGNANCY), COLOR, AGE, NATIONAL ORIGIN, DISABILITY OR ANY OTHER PROTECTED STATUS. WE BASE OUR HIRING DECISIONS ON A VARIETY OF FACTORS, INCLUDING SKILLS AND ABILITY TO PERFORM THE JOB, PRIOR EMPLOYMENT EXPERIENCE, EMPLOYMENT REFERENCES AS TO CHARACTER AND WILLINGNESS TO WORK, WILLINGNESS TO ACCEPT THE OFFERED SALARY, AND PERSONAL INTERVIEWS.

EMPLOYMENT INFORMATION – Starting with your current or most recent employment, list all previous employers including self-employment, military service, summer and part-time jobs for at least the last 10 years. Must be completed in full for each employer. Writing “see resume” is not acceptable. Use additional sheet if necessary to cover years of employment. **Additionally, attach professional resume.**

1.)Organization Name:		<i>Title:</i>	<i>Start Date:</i>	<i>End Date:</i>
<i>Address:</i>			<i>Phone:</i>	
<i>Name and Title of Supervisor:</i>		<i>May we contact?</i>	<input type="checkbox"/> <i>Now</i> <input type="checkbox"/> <i>After acceptance of offer</i>	
<i>Salary:</i>	<i>Reason for leaving:</i>			
2.)Organization Name:		<i>Title:</i>	<i>Start Date:</i>	<i>End Date:</i>
<i>Address:</i>			<i>Phone:</i>	
<i>Name and Title of Supervisor:</i>		<i>May we contact?</i>	<input type="checkbox"/> <i>Now</i> <input type="checkbox"/> <i>After acceptance of offer</i>	
<i>Salary:</i>	<i>Reason for leaving:</i>			
3.)Organization Name:		<i>Title:</i>	<i>Start Date:</i>	<i>End Date:</i>
<i>Address:</i>			<i>Phone:</i>	
<i>Name and Title of Supervisor:</i>		<i>May we contact?</i>	<input type="checkbox"/> <i>Now</i> <input type="checkbox"/> <i>After acceptance of offer</i>	
<i>Salary:</i>	<i>Reason for leaving:</i>			
4.)Organization Name:		<i>Title:</i>	<i>Start Date:</i>	<i>End Date:</i>
<i>Address:</i>			<i>Phone:</i>	
<i>Name and Title of Supervisor:</i>		<i>May we contact?</i>	<input type="checkbox"/> <i>Now</i> <input type="checkbox"/> <i>After acceptance of offer</i>	
<i>Salary:</i>	<i>Reason for leaving:</i>			

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

EDUCATION HISTORY

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Circle one)
High School	Name _____ Address _____			Yes No
	City _____ State _____ Zip _____			
College	Name _____ Address _____			Yes No
	City _____ State _____ Zip _____			
Graduate School	Name _____ Address _____			Yes No
	City _____ State _____ Zip _____			
Other/Trade School	Name _____ Address _____			Yes No
	City _____ State _____ Zip _____			

CERTIFICATION PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.

I affirm that I am making this application because I am sincerely interested in being hired by **Capital Area Trauma Regional Advisory Council** (hereby known as "the Organization") and not for any other purpose.

I certify that all statements I have made on this application, on my resume, or other supplementary materials are true and correct. I hereby authorize the ORGANIZATION to investigate the accuracy of this information from any person or organization and I release the ORGANIZATION and all persons and organizations from all claims or liabilities of any nature arising from such investigations or the supplying of information for such investigations. I understand that if I am being considered for a position which requires driving a ORGANIZATION vehicle, a report examining my driving record may also be requested, and I similarly release all persons and organizations from all claims or liabilities of any nature arising from such examination or the supplying of information for such examination. I acknowledge that any false statement, significant omission, or misrepresentation on this application or supplementary materials will be cause for refusal to hire or, if employment has already begun, for immediate dismissal at any time during the period of my employment.

I will regard and preserve as confidential, and will not divulge to unauthorized persons, or use for unauthorized purposes, either during or after the term of my employment, any information, matter or thing of a then secret, confidential, or private nature connected with the business of the ORGANIZATION without the written consent of an officer of the ORGANIZATION. Similarly, I represent and agree that I have not and will not improperly disclose to the ORGANIZATION any confidential business information, trade secrets, or proprietary information belonging to any former employer or other party.

I am in agreement with the ORGANIZATION's policy of equal opportunity in all phases of employment without regard to race, gender, color, religion, national origin, sexual orientation, age, veteran's status, marital status, or disability.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without cause and with or without notice, by either the ORGANIZATION or me. I further understand that this application is not, and is not intended to be, a contract of employment and that my at-will employment status cannot be changed except by a written document signed by the Executive Director of the ORGANIZATION. I further understand that no supervisor, manager, or other employee or representative of the ORGANIZATION, other than the Executive Director of the ORGANIZATION, has the authority to change the at-will nature of my employment and that any oral promises of employment for a definite period or statements that are otherwise contrary to my at-will status are not binding upon the ORGANIZATION.

I understand that, if employment is offered and accepted, I will have three days from my start date to submit documents to verify both my identity and authorization to work for the ORGANIZATION in the U.S., and that failure to submit such documents within three days may result in the termination of my employment until I can produce the acceptable documents. I certify that any documents I furnish will be authentic and will relate to me.

I understand additional documentation will be required as a pre-condition for employment and that I may be required to submit to a background security check. I understand and agree that my completion of this form does not guarantee that the ORGANIZATION will offer me employment. I further understand and agree that if I am hired I am required to read and abide by all rules and regulations of the ORGANIZATION governing the conduct of its employees, including those set forth in the ORGANIZATION Employee Handbook.

I understand that this application, and other ORGANIZATION paperwork, may be used interchangeably regardless of where the ORGANIZATION locates employees, and I understand that the ORGANIZATION is a subscriber under the Texas Workers' Compensation Act for covered employees in that state.

Your signature reflects that you have read and understood all of the above statements and conditions of employment. Your signature further reflects that you understand and agree that any material misrepresentation or deliberate omission of the facts provided to Capital Area Trauma Regional Advisory Council by you will justify Capital Area Trauma Regional Advisory Council terminating its consideration of your application for employment, or, if employment has begun, terminating your employment.

Signature of Applicant	Date
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