



	Current Date:		Date available for work:
Applicant Name (Please give full name):	Are you at least 18 years of age? Yes No	Social Security Number:	Home Phone:
Present Address (Include City, State, Zip Code):			
Previous Address (If at present address less than 12 months):			
Email Address:			

Position applying for:	Type of Position: Full Time Part Time PRN	Shift: Day Morning Evening Overnight	Days: Mon - Fri Sun - Wed Wed / Thurs - Sat
Salary Requirement: \$ per:	Are you willing to travel? Yes No	Willing to relocate? Yes No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes No

Have you ever worked in this or another healthcare facility? Yes No	If overtime work is required periodically, does this pose a problem for you? Yes No	Are you legally authorized to work in the U.S.? Yes No	Are you available to perform the essential, job related functions of the position for which you are applying without accommodation? Yes
If so, what facility:			If No, describe accommodations needed:

How did you learn about this position? Agency Website State Employment Commission Job Listing Indeed Newspaper Ad School Social Media Other:	Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense (Including sex-related or child abuse related offenses. Arrests or charges that have been expunged need not be disclosed.) Yes No If yes, give date, place and nature of each conviction:
	Are you presently charged with any violations of the law? Yes No If yes, give date, place and nature of each charge:
	Are you currently excluded from participation in any federally funded healthcare program, including Medicare & Medicaid, and are you aware of any potential exclusion from a federally funded health program? Yes No

Educational History

Type of School	Name of School City, State	Graduated	Degree or Certificate Obtained
High School / GED		Yes No	
College		Yes No	
College		Yes No	
Graduate School		Yes No	
Other		Yes No	

List professional licenses, registrations, or certifications you possess (Include Driver's License)

Type	State	Expiration Date	Number

Applicant Name (Please give full name):	Social Security Number:	Driver's License Number:	Driver's License State:
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Employment History (Please provide a minimum of 10 years or 4 most recent and relevant periods of employment)

Current/ Most Recent	Company	From	To	May we contact them Yes No
Salary \$	Address	Phone No.		Name while employed
Job Title		Immediate Supervisor		Reason for leaving

Nature of duties

Previous	Company	From	To	May we contact them Yes No
Salary \$	Address	Phone No.		Name while employed
Job Title		Immediate Supervisor		Reason for leaving

Nature of duties

Previous	Company	From	To	May we contact them Yes No
Salary \$	Address	Phone No.		Name while employed
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Previous	Company	From	To	May we contact them Yes No
Salary \$	Address	Phone No.		Name while employed
Job Title		Immediate Supervisor		Reason for leaving

Nature of duties

Please review and sign where indicated.

In making application for employment:

Methodist Children's Homes is an equal opportunity employer and does not discriminate against employees or applicants on account of any status protected by state or federal law. The agency shall provide equal employment opportunity to all people regardless of race, color, religion, sex, age, national origin, genetic information, physical or mental disability which does not, with or without reasonable accommodation, preclude the performance of essential job functions, or which would result in undue hardship to the organization, or any other basis protected by federal, state, or local law.

By signing below, I certify that the information in this application is true & complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered & later it is found that the information is significantly untrue, incomplete or misrepresented. I understand & agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics and mode of living, driving history, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested and that I will have the right to make a written request for a complete & accurate disclosure of additional information concerning the nature & scope of the investigation.

*I UNDERSTAND & AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL MERELY BE A GRATUITOUS STATEMENT OF FACILITY POLICIES.

*I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens or allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis or blood test, when requested to do so, may result in termination of my employment.


*Compliance with this facilities Substance Abuse Policy is a condition of employment. This entity requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol &/or drugs in accordance with agency policy. Continued employment is also contingent upon compliance with the agencies Substance Abuse Policy.

* I UNDERSTAND & AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM & THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE & WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS & IS SIGNED BY ME & THE PRESIDENT/CEO OF THE AGENCY.

RELEASE:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested & I also authorize the Registrar Office of all educational institutions attended to release an official copy of my transcript if applicable. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

It is the policy of this agency to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification with federal, state & local statutes, regulation & ordinances.

I have read & understand these conditions of employment 	Applicant Signature	Date
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