

EMPLOYMENT HISTORY - List your most recent or current employer first

1. Company Name _____ From _____ To _____

Address _____

Name of Supervisor/Title _____ Phone () _____

List duties or attach resume _____

Reason for leaving _____

May we contact employer? Yes No

If No, explain: _____

2. Company Name _____ From _____ To _____

Address _____

Name of Supervisor/Title _____ Phone () _____

List duties or attach resume _____

Reason for leaving _____

May we contact employer? Yes No

If No, explain: _____

3. Company Name _____ From _____ To _____

Address _____

Name of Supervisor/Title _____ Phone () _____

List duties or attach resume _____

Reason for leaving _____

May we contact employer? Yes No

If No, explain: _____

LICENSURE FOR SKILLED STAFF

List all the states in which you are currently licensed or have been licensed, Please attach copies of all current licenses where applicable: _____

RN/LVN TX License #: _____ Expiration: _____

Has your professional license ever been suspended, revoked, or investigated? Yes ___ No ___

If yes, please explain: _____

Other Specialty Courses/special skills which may enhance your chances of getting this job: _____

CERTIFICATION for CNAs/HHAs

CNA or HHA TX Certificate. # _____ Expiration date: _____

PAS PROGRAM ONLY: Does Provider/Attendant have GED: Yes _____ No _____

EDUCATION

1. High School: _____
Name of school/City/State: _____

Graduated? Yes ___ No ___ If not high school graduate, GED obtained? Yes ___ No ___

If Yes: where? _____ Year obtained: _____

2. CNA/HHA or other Training: _____
Name of school/City, State _____

Graduated? Yes ___ No ___ Year of Graduation: _____

3. College/Nursing Training: _____
Name of school/City/State _____

Graduated: Yes ___ No ___ Year of Graduation: _____

4. Graduate School: _____

Graduated? Yes ___ No ___ Year of Graduation: _____

Please circle skills level for the following tasks:

Filing No Experience Some Experience Very experienced

Sorting No Experience Some Experience Very experienced

Answering telephone - How many lines: _____
No Experience Some Experience Very experienced

Typing - WPM _____
No Experience Some Experience Very experienced

Computer No Experience Some Experience Very experienced

Software/Programs No Experience Some Experience Very experienced

Basic Office Skills:

Making copies No Experience Some Experience Very experienced

Sending faxes No Experience Some Experience Very experienced

List computer software or programs that you are proficient in: _____

Please list any other languages besides English that you speak fluently: _____

I certify that the information on this application is correct and true to the best of my knowledge.

I realize that falsification of information on this job application is grounds for withdrawal of offer of employment and/or immediate termination of employment.

Signature of Applicant

Date