



Employment Application

Application Instructions: Please provide full and complete information. For questions which do not apply to you, please write "N/A" (Not Applicable). Please attach your resume to the application. For questions and / or guidance, please contact our HR department at 210.736.4300.

1. POSITION APPLYING FOR: _____ **2. LOWEST SALARY ACCEPTABLE:** _____

4. NAME: Last _____ First _____ Middle _____

6. MAILING ADDRESS:
P. O. Box or Street Number _____ City _____ State _____ Zip Code _____

7. HOME ADDRESS:
P. O. Box or Street Number _____ City _____ State _____ Zip Code _____

8. TELEPHONE No.: Home _____ Mobile _____ **9. E-MAIL ADDRESS:** _____

10. EDUCATION: Please check and indicate all of your formal educational accomplishments:

High School Graduate – School: _____
Location: _____ Year Graduated: _____

Completed G. E. D. – School: _____
Location: _____

Indicate Last Grade Completed in High School (circle one): 9th 10th 11th
School: _____

Name and Location of College/University	Date of Attendance		Credit Hrs. Completed		Course of Study	Type of Degree	Year Earned
	From	To	Sem. Hrs.	Qtr. Hrs.			
Major Undergraduate Course	Sem. Hrs.	Qtr. Hrs.	Major Graduate College Courses		Sem. Hrs.	Qtr. Hrs.	

11. LIST MANUALS, EQUIPMENT, LICENSES, SPECIAL TRAINING AND/OR CERTIFICATES PERTINENT TO THE POSITION APPLIED FOR (PLEASE INCLUDE NUMBER):



12. WORK EXPERIENCE (INCLUDING MILITARY SERVICE)

This portion must be accurate and complete. Under A, please indicate whether it is your PRESENT OR LAST EMPLOYER IF CURRENTLY NOT EMPLOYED. List jobs in order beginning with your present job, or last job if you are unemployed. List each promotion as a separate job. Duties should include the most difficult or most important responsibilities, and/or most significant accomplishments in the position held. Supervisory experience is a combination of subject matter knowledge and skills and/or managerial abilities related to getting the work done through other people.

A. NAME OF EMPLOYER/MAILING (Check one:) <input type="checkbox"/> Present or <input type="checkbox"/> Last Employer	Telephone No.:	From: mo _____ day _____ year _____
	Immediate Supervisor:	To: mo _____ day _____ year _____
Position Title:	Total Hrs. Worked Weekly:	Reason for Leaving:
Type of Business:	Salary:	

Please List Specific Duties Performed:

B. NAME OF EMPLOYER/MAILING (Check one:) <input type="checkbox"/> Present or <input type="checkbox"/> Last Employer	Telephone No.:	From: mo _____ day _____ year _____
	Immediate Supervisor:	To: mo _____ day _____ year _____
Position Title:	Total Hrs. Worked Weekly:	Reason for Leaving:
Type of Business:	Salary:	

Please List Specific Duties Performed:

C. NAME OF EMPLOYER/MAILING (Check one:) <input type="checkbox"/> Present or <input type="checkbox"/> Last Employer	Telephone No.:	From: mo _____ day _____ year _____
	Immediate Supervisor:	To: mo _____ day _____ year _____
Position Title:	Total Hrs. Worked Weekly:	Reason for Leaving:
Type of Business:	Salary:	

Please List Specific Duties Performed:



12. WORK EXPERIENCE (con't)

D. NAME OF EMPLOYER/MAILING (Check one:) <input type="checkbox"/> Present or <input type="checkbox"/> Last Employer	Telephone No.:	From: mo ____ day ____ year ____
	Immediate Supervisor:	To: mo ____ day ____ year ____
Position Title:	Total Hrs. Worked Weekly:	Reason for Leaving:
Type of Business:	Salary:	

Please List Specific Duties Performed:

E. NAME OF EMPLOYER/MAILING (Check one:) <input type="checkbox"/> Present or <input type="checkbox"/> Last Employer	Telephone No.:	From: mo ____ day ____ year ____
	Immediate Supervisor:	To: mo ____ day ____ year ____
Position Title:	Total Hrs. Worked Weekly:	Reason for Leaving:
Type of Business:	Salary:	

Please List Specific Duties Performed:

13. MILITARY SERVICE

BRANCH OF SERVICE:		RANK AT DISCHARGE:
RESERVE STATUS:	POSITION HELD:	SPECIALITY:

PLEASE IDENTIFY SPECIAL TRAINING AND/OR SKILLS LEARNED UNDER "ACTIVE DUTY".



14. REFERENCES

List three persons who have definite knowledge of your qualifications. Use current and / or former supervisors, professors, department chiefs / directors, or others who have had the opportunity to evaluate your performance. **PLEASE PROVIDE E-MAIL ADDRESSES FOR THE REFERENCES YOU LIST BELOW.**

NAME AND TITLE:	E-MAIL ADDRESS:
1.	1.
2.	2.
3.	3.

15. CRIMINAL RECORD

A. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR SUBJECTED TO DEFERRED ADJUDICATION ON A FELONY CHARGE? Yes No

B. IF YES, PLEASE EXPLAIN:

IMPORTANT INFORMATION
PLEASE REVIEW BEFORE SIGNING THIS APPLICATION

Job Application: The job application you submit is considered current for one year. IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF ANY CHANGES TO YOUR ADDRESS OR TELEPHONE NUMBER.

Pre-Employment Medical Examination: All applicants accepting employment with Dependable Health Services, Inc. may be requested to take and have to pass a pre-entry physical examination. Applicants accepting employment requiring health clearance must take and pass a pre-entry and/or an annual Tuberculosis Test. Failure to satisfactorily meet or complete the specific requirements of the examination may result in your disqualification for or termination from employment.

Proof of Identity: If hired, I will be able to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility. DHS participates in E-Verify.

Background Investigation: When you sign this job application, you authorize Dependable Health Services, Inc. to seek and obtain information regarding your suitability for employment. All factors which are job related may be investigated (e.g., previous employment, educational credentials, and criminal record). All information obtained may be used to determine your eligibility for employment in accordance with equal employment opportunity guidelines.

Dependable Health Services, Inc. does not discriminate on the basis of sex, race, religion, disability unrelated to job requirements, national or ethnic origin, age, or citizenship status in any employment decision or any other term, condition, or privilege of employment.

16. APPLICANT STATEMENT

I, _____, hereby certify that all statements made on this application are true, complete,
(PRINT NAME)

and correct to the best of my knowledge. I understand that any false or dishonest answer to any question on this application may be grounds for ineligibility for employment or immediate termination. I hereby authorize any investigation of all statements made, my personal history, including checks of fingerprints, police records and former employers and all other information as deemed necessary to make a proper employment decision. I hereby release previous employers/related sources from legal liability for information they provide regarding my suitability for employment.

SIGNATURE OF APPLICANT

DATE