



CHAMPION CARE INC.
1419 Market St. ♦ Laredo, TX 78040

APPLICATION FOR EMPLOYMENT

It is this Company's policy to provide equal employment opportunities without regard to Race, Color, Religion, Sex, National Origin, Age, or Disability. This Company will make reasonable accommodations for individuals with disabilities in compliance with Section 504.

Applicant Name: _____
Present Address _____
City/State/Zip: _____

Telephone Number: _____ Social Security Number: _____

Are you at least 18 years old? Yes No
If you are not a US Citizen, have you the legal right to remain permanently in the US? Yes No N/A

Position Applying For: _____ Salary Requirements: _____

Full Time Part Time Per Visit Part Time Pool Contract
Shift: Day Night Evening W/E Date Available: _____

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 been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past seven (7) years? Yes No
If yes, please give date, place, and nature of each such conviction. _____

Are you presently charged with any violation of the law other than traffic violation? Yes No
If yes, give date, place, and nature of each such conviction. _____

Education History

Type of School	Name and Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
University		1 2 3 4		
Other				

List professional licenses you possess. Indicate type of license, number, and state.

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate Race, Color, Religion, Sex, National Origin, or Disability.

List languages spoken other than English: _____

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc.

In case of emergency notify: _____
Name Telephone Number

WORK HISTORY

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.

Company Name	Complete address City/State/Zip	Phone Number	Supervisor's Name
Date Started	Type of Business Salary \$ _____	Reason for Leaving	OK to Contact Supervisor
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Per Visit <input type="checkbox"/> Part Time <input type="checkbox"/> Pool		<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities, and accomplishments: _____

Company Name	Complete address City/State/Zip	Phone Number	Supervisor's Name
Date Started	Type of Business Salary \$ _____	Reason for Leaving	OK to Contact Supervisor
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Per Visit <input type="checkbox"/> Part Time <input type="checkbox"/> Pool		<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities, and accomplishments: _____

Company Name	Complete address City/State/Zip	Phone Number	Supervisor's Name
Date Started	Type of Business Salary \$ _____	Reason for Leaving	OK to Contact Supervisor
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Per Visit <input type="checkbox"/> Part Time <input type="checkbox"/> Pool		<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities, and accomplishments: _____

PROFESSIONAL REFERENCES (Name, Telephone # & Relationship—NO Family or Friends please)

Name _____ Telephone Number _____ Relationship _____

Name _____ Telephone Number _____ Relationship _____

Name _____ Telephone Number _____ Relationship _____

PLEASE REVIEW AND SIGN:

In making this application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and 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, 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 and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the Agency, my employment will be for no definite term and that either I, or the Agency will have the right to terminate the employment relationship at any time, with or without cause, and 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 and is signed by me and the Administrator of the Agency.
- I understand, if I am an unlicensed person who has direct patient contact, that the Agency will perform a criminal history check per State Regulations.

Release:
 I hereby authorized any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Applicant's Signature: _____ **Date:** _____

Please Print Name: _____

<i>For Office Use Only</i>	<input type="checkbox"/> References Checked	If hired, Position:	Salary:	Start Date:	FT PT Per Visit
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