

EMPLOYMENT PROCESSING

THIS FORM MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION

PLEASE PRINT:			
First Name	Middle	Last	Maiden
Date of Birth		Social Security Number	
Race/Ethnicity		Male	Female
Signature		Date	

PRIVILEGED & CONFIDENTIAL
PEER REVIEW/MEDICAL
COMMITTEE DOCUMENT
TEX.REV.CIV.STAT.art 4495b § 5.06
TEX.REV.CIV.STAT.art. 4525b § 2
TEX.HEALTH & SAFETY CODE § 161 031



use illegal drugs.

Rev. 6/17

Seven Acres Jewish Senior Care Services Employment Application

APPLICANT NAME	
PLEASE PRINT CI	LEARLY AND LEGIBLY
POSITION APPLYING FOR	
Dear Applicant:	
Thank you for your interest in Seven Acres Jewish Senior Ca qualifications, experience and abilities. A clear understanding of aide us in placing you in the position that best meets your qualipgrades of your position.	your background and work history will
Seven Acres Jewish Senior Care Services is an Equal Opportunity employment opportunities for all persons regardless of race, colonational origin.	
AUTHORIZATIO	<u>N</u>
I hereby authorize Seven Acres Jewish Senior Care Services application for employment as may be necessary to determine employment, education and medical history. I authorize all person this investigation to disclose it to Seven Acres Jewish Senior Car release all persons from liability and any resultant damage that me	its authenticity and to verify previous ons who may have information relevant to re Services or its authorized agent, and I
I understand that any offer, verbal or written, of employment by Jewish Senior Care Services is effective only after the receipt of satisfactory completion of job-related employment testing and the	satisfactory employment references, the
I agree that an electronic or photographic copy of this authorization	on is as valid as the original.
Signature	Date
<u>Please Note: Applications without correct home phone numbers and f</u> cannot be processed. All references and employers will be contact	
Seven Acres believes in a drug free workpla	_

required to take an employment drug test. You need not apply if you

PRIVILEGED & CONFIDENTIAL
PREER REVIEW/MEDICAL
COMMITTEE DOCUMENT
IEX.REV.CIV.STAT.art.4495b § 5.06
IEX.REV.CIV.STAT.art.4525b § 2
TEX.HEALTH & SAFETY CODE \$ 161 03

PRIVILEGED & CONFIDENTIAL PEER REVIEWMEDICAL COMMITTEE DOCUMENT TEX.REV.CIV.STAT.art.48258 § 5.86 TEX.REV.CIV.STAT.art.48258 § 2 TEX.HEALTH & SAFETY CODE § 161 @

Seven Acres Jewish Senior Care Services Employment Application

Last Name	First Nam	ie	Mido	lle	Maid	len	
Street Address	Apt. #	#	(City	Sta	ate	Zip
Mobile Phone Number			Email Address				
Expected Rate of Pay Social Security No. Applications will not be processed without a complete social security.				l security number			
	please circle Monday Tuesday W requirement for most positions. Please review	Vednesday	Thursday F	riday Satur	day Sunday		
Shift Available	please circle 6:30am-3pm 2:30pm	-11pm 10:	:30pm-7am	Other			
Date Available t	to Begin Work			i			
Referral Source	Houston Chronicle riend Name of Referral	JobS	parx]	Indeed _	Monster		
					please spec	cify	
	peen employed with us before date and termination date:		· · · · · · · · · · · · · · · · · · ·				
Position Desired Full Time Part Time How many years of experience do you have? please circle							
If applying for	a Nursing or Nurse Aide posit	tion: Lice	nse/Certific	ate Numb	er		State
Are you current	ly employed?YesN	o May wo	e contact yo	ur current	employer?	Ye	sNo
	y relatives working here?						
	citizen?Yes gally eligible for employment		S.?	Yes	No		
	ce, qualifications relative to th d Shorthand WPM:						
College	Name:	Course	of Study	Graduatio	on Date Dip	loma or	Degree Received
	City/State:						
High School	Name:						
	City/State:						
Grade School	Name:						
	City/State:						
Other	Name:						
	City/State:						

Employment History This Section Must be completed.

Please give accurate, complete, full-time and part-time employment record.

Start with present or most recent employer. Explain any gaps in employment.

CORRECT PHONE NUMBER MUST BE PROVIDED FOR ALL EMPLOYERS

EACH EMPLOYER WILL BE CONTACTED FOR REFERENCE.

<u>ATTENTION APPLICANT</u>: IF YOU DO NOT HAVE A RECORD OF EMPLOYMENT YOU MUST PROVIDE TWO PERSONAL REFERENCES (NAME AND PHONE NUMBER). THESE INDIVIDUALS SHOULD NOT BE RELATED TO YOU.

REFERENCES (NAME	AND PHONE	NUMBER). THES	SE INDIVIDUALS SH	OULD NOT BE RELATED TO YOU.
Current or Last Em	ployer Name)		Telephone Number
Address	City	State	Zip	Employment Dates
11441 C55	City	State	Zip	From To
Job Title:				Rate of Pay
Job Tiue.				Start Last
Job Duties:				Reason for Leaving
Job Dudes.				Reason for Leaving
Supervisor Name:				
Employer Name				Telephone Number
Address	City	State	Zip	Employment Dates
	•		•	From To
Job Title:				Rate of Pay
				Start Last
Job Duties:				Reason for Leaving
ood Davies.				Treason for Beaving
Supervisor Name:				
Employer Name				Telephone Number
Address	City	State	Zip	Employment Dates
				From To
Job Title:				Rate of Pay
				Start Last
Job Duties:				Reason for Leaving
Supervisor Name:				
Employer Name				Telephone Number
Address	City	State	Zip	Employment Dates
				From To
Job Title:				Rate of Pay
				Start Last
Job Duties:				Reason for Leaving
Supervisor Name:				PROTECTE A CONTENTIAL PERENWANDELLA

EX.REV.CIV.STAT.art 4495b § 5.06 EX.REV.CIV.STAT.art. 4525b § 2 EX.HEALTH & SAFETY CODE & 161.03

U.S. ARMED FORCES SERVICE					
Branch of Service	Period of Acti From	ive Duty To	Date of Final Discha	arge	Rank at Discharge
Are you in the Reserve?	Yes	No	Active	Inac	tive
Describe your service duties	and any speci	al training yo	u received.		
resulted only in a fine?	ted of a felony o	or misdemean No (Such	or other than a minor a a conviction may be	traffic relevan	violation which at if job related)
Employment is contingent	upon an accept	table Crimina	ll History Report.		
		Saf	etv		
Seven Acres considers your part of your job. If employ safety and accident preven	ed by Seven A	ety of fellow e cres, will you	mployees, residents an perform all job tasks		_
The information provided any misstatement or omis acceptance of an offer of Senior Care Services to con	sion of fact or employment d	n this applications not created	ation may result in 1 te a contractual oblig	my disi	missal. I understand that
I understand that Seven Acres Jewish Senior Care Services is required to conduct a criminal conviction check by state law. Any offer of employment is considered temporary pending the results of the criminal conviction check.					
I understand any offer of en	nployment is c	ontingent up	on my compliance wit	h the fe	ederal immigration laws.
I understand that I may be position offered. My emple essential functions as detail and the Americans With D	oyment is cont led in the posit	ingent on my	y ability to safely and	I produ	ictively perform the job's
My signature below indicat	es that I have r	ead and und	erstand the above state	ements	
Signature			Date		
Print Name					

Please submit employment application to: Human Resources at $\underline{\text{hr@sevenacres.org}}$ or by fax to 713.778.5710