



**UTMB**  
HealthCare  
Systems™

301 University Blvd., Rt. 0985  
Galveston, Texas 77553-0985

## Employment Application

fax (409) 747-4792 efax (281) 715-4576

Website: [www.utmbcss.net](http://www.utmbcss.net)

### Please read carefully. Use black ink only. Be neat and answer all questions.

Thank you for your interest in employment at UTMB HealthCare Systems. Your application will be retained for 90 days from the date received. You may update your application during that time and you may be required to provide copies of certificates, transcripts, etc. Persons offered employment will need to document their eligibility to work in the United States. The application and supporting documents will become the property of UTMB HealthCare Systems.

Applicants are considered regardless of race, color, age, sex, religion, national origin, veteran status, physical or mental disability or other protected classification as defined by applicable law and regulations.

PERSONAL INFORMATION				
Name	Last	First	Middle Initial	Maiden Name
Present Address	Street			
	City	State		Zip
Permanent Address	Street			
	City	State		Zip
Social Security Number		Home Phone Other Phone		Email

EMPLOYMENT DESIRED			
Position: _____ Date Available: _____ Salary Desired: _____			
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? _____	Have you ever worked for UTMB HealthCare Systems before? _____	If so, When? _____
How did you hear of our job opportunities? <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Employee <input type="checkbox"/> Job Fair <input type="checkbox"/> Magazine <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ Specify referral source: _____			
Are you willing to work variable, rotating shifts or weekends if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Hourly	
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If applicable, what type of Visa do you have? _____ Valid Until _____	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18 years of age, can you produce a work permit upon hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### EDUCATION AND TRAINING

Type	Name of School	Location City/State	Concentration Area (Major)	When did you graduate?	Diploma, Degree or Certificate Received.
High School					
College					
Other Education					
Other Education					
Other Education					

### MILITARY SERVICE

Describe any relevant skills acquired through the U.S. Military Service: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Type of separation or discharge: \_\_\_\_\_

### LICENSE/CERTIFICATION

Are you now a licensed or certified member of a profession or trade?  Yes  No

Type of license or certificate: \_\_\_\_\_ State, Number, Year: \_\_\_\_\_

Type of license or certificate: \_\_\_\_\_ State, Number, Year: \_\_\_\_\_

### OTHER INFORMATION

What Foreign Language(s) do you Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_  
 Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

What type of valid Driver's License do you have?

No license  Class A  Class B  Class C  Class M State \_\_\_\_\_

List any friends or relatives working \_\_\_\_\_  friend or  relative  
 for UTMB HealthCare Systems: \_\_\_\_\_  friend or  relative

Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? (For our purposes, please list any convictions, including those for which you received deferred adjudication, paid a fine, were placed on probation, and/or received court-ordered restitution.)  Yes  No If yes, state the nature of offense, date and disposition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you presently charged with any violation of the law?  Yes  No If yes, give date, place and nature of each such charge.  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please list all employment, beginning with current or most recent employer first. You may include Military Service and Training. You may attach a sheet or resume for additional employment experience if necessary.

From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone (Including Area Code)
Job Title		Address	
Immediate Supervisor and Title		Job Duties	
Your Name While Employed		Position Was: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Current/Ending Salary
Reason for Leaving		Did you leave <input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily	

From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone (Including Area Code)
Job Title		Address	
Immediate Supervisor and Title		Job Duties	
Your Name While Employed		Position Was: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Current/Ending Salary
Reason for Leaving		Did you leave <input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily	

From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone (Including Area Code)
Job Title		Address	
Immediate Supervisor and Title		Job Duties	
Your Name While Employed		Position Was: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Current/Ending Salary
Reason for Leaving		Did you leave <input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily	

From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone (Including Area Code)
Job Title		Address	
Immediate Supervisor and Title		Job Duties	
Your Name While Employed		Position Was: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Current/Ending Salary
Reason for Leaving		Did you leave <input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily	

<b>PROFESSIONAL REFERENCES (Other than Relatives): List people who have knowledge of your work.</b>			
<b>Name</b>	<b>Professional Relationship</b>	<b>Work Telephone Number</b>	<b>Home Telephone Number</b>

**NOTICE: The following points are very important. Please read them carefully before signing this application.**

**TO BE READ AND SIGNED BY ALL APPLICANTS:**

It is agreed and understood that:

Completing this application will in no way assure that I will be employed.

This application was completed by me; all entries on it and information in it are true and complete to the best of my knowledge, and any misrepresentations of information given shall be considered as an act of dishonesty subjecting me to disqualification or discharge when discovered. I will furnish freely such information or documents that may be required to complete my employment file.

In consideration of my being considered for employment and/or being employed I hereby agree to submit to physical examinations and tests as may be required by the Company, and I do hereby (1) grant release and assign unto the Company, all right, title and interest that I may subsequently acquire in all records and reports arising out of or in connection with said examinations and tests and (2) waive all rights to be advised on the content of said records and reports or to receive copies thereof, without the prior written consent of the Company.

If employed, I agree (a) to conform to the rules and regulations of the Company, and (b) that my employment will be at the will or sufferance of the Company, subject to termination without recourse at any time for any or no reason. In partial consideration for my accepting an offer of employment, I reserve the unlimited right to voluntarily terminate my employment with the Company, at any time for any reason subject only to (a) two weeks' advance notice of my intention to terminate my employment and (b) reservation of any and all vested fringe benefits to which I am entitled pursuant to former or existing fringe benefit programs in effect during the course of employment. I understand that the terms and conditions herein set forth may only be modified by written agreement jointly executed by myself and the President of the Company.

If employed, I do hereby grant the Company a nonexclusive right to practice any invention or device which I may conceive, develop or perform using Company resources (such as time/or materials) during the period of my employment and to duplicate the invention or device as often as it may find occasion to do so in its business.

I hereby authorize the Company, or its agents (1) to investigate my previous record of employment to ascertain any and all information which may concern my record whether same is of record or not and I release my former employer from all liability for any damage on account of furnishing such information; (2) to investigate my previous scholastic record, and pursuant to the Family Educational Rights and Privacy Act of 1974, I authorize release of my education records by any educational agency or institution which I have attended; and (3) secure an investigative consumer report pursuant to Section 606 of the Fair Credit Reporting Act, including information as to my character, general reputation, personal characteristics and mode of living, whichever are applicable, provided that upon written request to the Company, I may receive the name and address of the investigating consumer reporting agency from whom I may make a written request to receive full disclosure of any such investigative consumer report within five days following the date of my written request to receive the same.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Pre-Employment Inquiry Release

In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, education and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies.

This information will, in total or in part, be obtained from:

Acxiom Information Security Services  
6111 Oak Tree Blvd, 4<sup>th</sup> Floor  
Independence, OH 44131  
800-853-3228

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

Print Full Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth\*\* \_\_\_\_\_  
Month Day Year

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective Employer \_\_\_\_\_ UTMB HealthCare Systems, Galveston, Texas \_\_\_\_\_

**\*Date of Birth is requested in order to obtain accurate retrieval of records.**

\_\_\_\_\_ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you by Acxiom at the address listed above.