



7607 Somerset Rd., San Antonio, Texas 78211  
210.334.2300

## Application for Employment

(This is an Application for Employment. It is not an employment Contract.)

### PERSONAL DATA

_____	_____	_____	_____ - _____ - _____
<b>First Name</b>	<b>Last Name</b>	<b>M.I</b>	<b>Social Security Number</b>
_____		_____	_____
<b>Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
_____ - _____	_____ - _____	_____	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Email</b>	

### Employment

<b>Position 1</b>		<b>Position 2</b>		<b>Date Available to start</b>	
<input type="checkbox"/> Full Time	<b>Wage Desired</b>	<b>Were you previously employed with ADSSA?</b>			
<input type="checkbox"/> Part Time		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Dates employed:</b> _____	
<b>Do you have any relatives working here?</b>		<b>Are you presently employed?</b>		<b>May we contact present employer ?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### Education

Type of School	Name and Location	Course of Study or Major		Diploma/ Degree
High School				
College/ University				
Graduate				
Vocational				
GED				
<b>Professional Licenses, Date Certifications, or Registrations Held.</b>	<b>Type of License/Registry</b>	<b>State</b>	<b>License Number</b>	<b>Expiration</b>

Are you legally eligible to work in the United States?	Y	N
Are you over the age of 18 years?	Y	N
Have you ever been convicted of a felony? (a conviction will not necessarily disqualify you)	Y	N
Do you have a valid Texas Driver's License?	Y	N
Are you currently excluded from participation in any federally funded healthcare program, including Medicare and Medicaid, OR, are you aware of any potential exclusion you may be facing from a federally funded health program?	Y	N

**Work History**

Dates	Employer's Name	Job Title	Hr. Rate	Supervisors Name	Phone	Reason for Leaving

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand, that should an offer of employment be extended by Ascension DePaul Services of San Antonio , (hereinafter referred to as "ADSSA") that such employment with ADSSA is at will, for no specified duration and understand that none of the documents, polices, procedures, actions, statements of ADSSA or its representative used during the employment process is deemed a contract of employment real or implied. I understand that no representative of ADSSA except the President has the authority to enter into any agreement guaranteeing any conditions of employments or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of ADSSA.

In consideration for employment with ADSSA, if employed, I agree to conform to the rules, regulations, policies and procedures of ADSSA at all times and understand that such obedience is a condition of employment. I understand that due to the nature of ADSSA business, attendance and punctuality are consider essential requirements of every job at ADSSA and that poor attendance or tardiness will result in disciplinary action up to and including termination of employment.

I understand that if offered a position with ADSSA, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to ADSSA and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result in providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must re submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date