

**HANDS OF HEALING .**  
**601 S. Main Street**  
**Baytown, TX 77520**  
**281-424-2200**

The following information must be presented to the facility before the time of Orientation/Training.

Information must include:	Date Submitted
1. T.B. Skin Test	_____
2. Affidavit	_____
3. Social Security Card	_____
4. Drivers License	_____
5. High School Diploma/GED/Degree	_____
6. Criminal Background Ck (completed)	_____
7. Drug Test (completed)	_____
8. Employment Eligibility Verification (I 9)	_____

# HANDS OF HEALING EMPLOYMENT APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

## PERSONAL INFORMATION

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 LAST NAME

FIRST NAME

MIDDLE NAME

---

 PRESENT ADDRESS (STREET NAME & NUMBER)

---

 CITY

STATE

ZIP

---

 HOME PHONE (INCLUDING AREA CODE)

CELL PHONE (INCLUDING AREA CODE)

---

 EMAIL ADDRESS

SOCIAL SECURITY NUMBER

---

 NAME AND PHONE NUMBER OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (INCLUDING AREA CODE)

DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITION THAT PREVENTS YOU FROM  
PERFORMING THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?

 YES  NO

CAN YOU, AFTER AN OFFER OF EMPLOYMENT IS MADE, SUBMIT VERIFICATION OF  
YOUR LEGAL RIGHT TO WORK IN THE U.S.?

**(PROOF OF IDENTITY AND LEGAL AUTHORITY IN THE U.S. MAY BE REQUIRED AFTER AN OFFER OF EMPLOYMENT IS MADE)**

 YES  NO

ARE YOU AT LEAST AGE 21? **(PROOF OF AGE AND WORK PERMITS MAY BE REQUIRED PRIOR TO HIRING)**

 YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

 YES  NO

HAVE YOU EVER BEEN CONVICTED BY A COURT, INCLUDING MILITARY COURT, OF A FELONY OR MISDEMEANOR,  
OR RECEIVED DEFERRED ADJUDICATION UNDER YOUR PRESENT NAME OR ANY OTHER?

 YES  NO

DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK?

 YES  NO

HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

 YES  NO

HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?

 YES  NO

HAVE YOU EVER BEEN REFUSED AUTO LIABILITY INSURANCE?

 YES  NO

HAVE YOU EVER BEEN INVOLVED IN ANY AUTOMOBILE ACCIDENTS IN THE PAST THREE YEARS?

 YES  NO

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?

 YES  NO

**IF YES TO ANY OF THESE QUESTIONS PLEASE EXPLAIN (ATTACH SEPARATE SHEET IF ADDITIONAL SPACE NEEDED):**

IN ORDER TO PERFORM A BACKGROUND CHECK OF YOUR EMPLOYMENT, EDUCATION, DRIVER'S LICENSE AND CRIMINAL RECORDS, PLEASE INDICATE IF YOU HAVE EVER BEEN KNOWN BY ANOTHER NAME:

YES  NO

IF "YES", PLEASE LIST ALL NAME(S) USED: \_\_\_\_\_

NUMBER OF TRAFFIC VIOLATIONS IN THE LAST THREE YEARS? \_\_\_\_\_

## EDUCATION

NAME AND ADDRESSES OF	GRADUATE (YES/NO)	NUMBER OF YEARS	MAJOR COURSE STUDY
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			
OTHER SCHOOL			

EXTRACURRICULAR ACTIVITIES AND/OR HOBBIES (YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY OR AGE)

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## GENERAL INFORMATION

DATE AVAILABLE TO START?

FULLTIME OR PARTTIME?

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WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_

READ \_\_\_\_\_ WRITE \_\_\_\_\_

WHAT INTERESTED YOU IN HANDS OF HEALING?

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HOW DID YOU HEAR ABOUT HANDS OF HEALING? (AN AD, REFERRAL, ETC.)

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**HANDS OF HEALING IS AN EQUAL OPPORTUNITY EMPLOYER. IT CONSIDERS APPLICANTS FOR ALL POSITION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE STATE OR FEDERAL CIVIL RIGHTS LAWS.**

**EMPLOYMENT/WORK EXPERIENCE****LIST ALL OF YOUR JOBS IN THE PAST FIVE YEARS**

If Additional Pages are Needed, Please Attach

**COMPANY #1:**

NAME OF COMPANY AND/OR ORGANIZATION

ADDRESS (STREET #, CITY, STATE AND ZIP CODE)

TELEPHONE NUMBER

EMPLOYED (MONTH & YEAR)  
FROM TORATE OF PAY  
START ENDINGAVERAGE NUMBER OF  
HOURS WORKED PER WK

POSITION(S) HELD:

SUPERVISOR'S NAME AND POSITION:

DESCRIBE YOUR DUTIES:

MAY WE CONTACT THIS EMPLOYER?

 YES NO

REASON FOR LEAVING (state below):

**COMPANY #2:**

NAME OF COMPANY AND/OR ORGANIZATION

ADDRESS (STREET #, CITY, STATE AND ZIP CODE)

TELEPHONE NUMBER

EMPLOYED (MONTH & YEAR)  
FROM TORATE OF PAY  
START ENDINGAVERAGE NUMBER OF  
HOURS WORKED PER WK

POSITION(S) HELD:

SUPERVISOR'S NAME AND POSITION:

DESCRIBE YOUR DUTIES:

MAY WE CONTACT THIS EMPLOYER?

 YES NO

REASON FOR LEAVING (state below):

## EMPLOYMENT/WORK EXPERIENCE (cont.)

**COMPANY #3:**


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 NAME OF COMPANY AND/OR ORGANIZATION
 

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ADDRESS (STREET #, CITY, STATE AND ZIP CODE)

 TELEPHONE NUMBER
 

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 EMPLOYED (MONTH & YEAR)  
 FROM TO

 RATE OF PAY  
 START ENDING

 AVERAGE NUMBER OF  
 HOURS WORKED PER WK
 

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POSITION(S) HELD:

 SUPERVISOR'S NAME AND POSITION:
 

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 DESCRIBE YOUR DUTIES:
 

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MAY WE CONTACT THIS EMPLOYER?

 YES

 NO

 REASON FOR LEAVING (state below):
 

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 PLEASE IDENTIFY AND EXPLAIN ALL PERIODS (GAPS) OF UNEMPLOYMENT **DURING THE LAST FIVE YEARS:**

FROM

TO

 REASON FOR UNEMPLOYMENT:
 

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I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge and agree to have any statements checked by Hands of Healing unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom Hands of Healing contacts, to provide Hands of Healing any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and person from any and all liability for any damages that may result from furnishing such information to Hands of Healing as well as from the use or disclosure of such information by Hands of Healing or any of its agents, employees, or representatives.

I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment. In consideration of my employment, I agree to conform to the rules and standards of Hands of Healing, as amended by Hands of Healing, from time to time. I further agree that my employment and compensation can be terminated at will, with or without any cause, and with or without any notice, at any time, either at my option or at the option of Hands of Healing. I understand that an offer of employment may be contingent upon passing job related medical examination, as a condition of employment which will include drug testing. Additionally, I understand that if I am hired, to the extent allowed by law, future job related medical examinations may be made by a qualified physician not more than once annually at the discretion of the employer. I hereby consent to such a medical examination. I understand that no employee or representative of Hands of Healing other than its President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the President of Hands of Healing may not alter the at-will nature of the employment relationship unless he/she signs a written document in which he/she specifically and clearly indicates the intent to do so.

I understand that all offers of employment are conditioned on Hands of Healings' receipt of satisfactory responses to request and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

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 Signature of Applicant

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 Date

**AN EQUAL OPPORTUNITY EMPLOYER**