



Employment Application

1809 Capital Drive • Tyler, Texas 75701
www.tylerurgentcare.com

TYLER URGENT CARE IS AN EQUAL OPPORTUNITY EMPLOYER AND APPLICANTS WILL BE SELECTED FOR EMPLOYMENT SOLELY ON THE BASIS OF THEIR QUALIFICATIONS FOR A GIVEN POSITION, AND WITHOUT REGARD TO RACE, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY, AND /OR VIETNAM ERA VETERAN STATUS.

POSITION DESIRED

DATE _____ DATE AVAILABLE: _____
POSITION (S) APPLYING FOR: _____ SALARY REQUESTED: _____ PER _____
1. _____ PLEASE CHECK: PART-TIME:
2. _____ FULL-TIME:

GENERAL INFORMATION

NAME (Last, First, Middle) _____
Please list other names previously used for school, work, or other business reasons: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
HOME PHONE NUMBER: _____ MESSAGE NUMBER: _____

FOREIGN LANGUAGE:
Do you speak, read or write any language other than English? YES NO
If yes, which language? _____ Speak Read Write
Have you ever pleaded guilty to, been convicted of, received deferred adjudication, or probation for any criminal offense? YES NO
If yes, provide dates, locations (city and state), and type of offense and disposition: _____
Are you currently serving probation or deferred adjudication for any criminal offense?
YES NO If yes, explain: _____

NOTIFICATION OF OPENING

HOW DID YOU HEAR ABOUT EMPLOYMENT OPPORTUNITIES?:
Friend or other employee:
Advertisement:
Other:

MILITARY

Branch of Armed Forces: _____ Special Training: _____
Length of Service: _____ From _____ To _____

EMPLOYMENT RECORD

PROVIDE YOUR COMPLETE EMPLOYMENT HISTORY, INCLUDING MILITARY SERVICE.

MAY WE CONTACT YOUR CURRENT EMPLOYER AT THIS TIME ? YES NO

COMPANY _____ STREET ADDRESS, CITY, STATE, ZIP _____ SUPERVISOR'S NAME _____ TELEPHONE NUMBER (_____) _____ POSITION, DUTIES AND SPECIALTY AREAS _____ _____	START DATE _____ END DATE _____ SALARY START _____ FINAL SALARY _____ REASON FOR LEAVING _____ _____
COMPANY _____ STREET ADDRESS, CITY, STATE, ZIP _____ SUPERVISOR'S NAME _____ TELEPHONE NUMBER (_____) _____ POSITION, DUTIES AND SPECIALTY AREAS _____ _____	START DATE _____ END DATE _____ SALARY START _____ FINAL SALARY _____ REASON FOR LEAVING _____ _____
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APPLICATION PROCESS

Tyler Urgent Care may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by Tyler Urgent Care. Applications will be considered by Tyler Urgent Care for six (6) months following their submission. Applicants who wish to be considered after this time period has expired, or for another position not listed on this form, must submit a new application.

APPLICATION VERIFICATION

I verify that all of the information provide by me on this application and in exhibits and resumes is true, correct and complete. I have not knowingly withheld any information requested on this application. I understand that false, misleading, incomplete, or omitted information on this application or exhibits or resumes will result in the rejection of my application or dismissal if hired by Tyler Urgent Care. There is no time limit regarding the above mentioned items.

I authorized Tyler Urgent Care and its agents to verify the information on this application and in exhibits and resumes, and to conduct an investigation regarding my suitability for employment. I release Tyler Urgent Care, its agents, and all persons and companies from any claims, liabilities or damages for requesting or providing any information about me.

I understand that this application is not intended as a job offer or contract of employment for any specific time period. If hired, my employment will not be for any specific time period and I may resign or be terminated at any time without notice or requirement of cause, this in compliance with the Texas Employment-at-Will Doctrine.

I understand that if employed, I will be required to complete a Federal I-9 form and to provide verification and identification and right to work in the United States.

I acknowledge the "Smoke Free," "Drug Free," and Confidentiality policies of Tyler Urgent Care. I agree to abide by all policies and rules of Tyler Urgent Care.

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY (INTERVIEW AND EMPLOYEMENT INFORMATION)

DATE INTERVIEWED: _____

INTERVIEWED BY: _____

INTERVIEW OUTCOME: HIRED NOT HIRED

START DATE: _____

POSITION: _____

SAI.ARY: _____

FULL-TIME

PART TIME

PER HOUR