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**LEGACIES NURSING & REHABILITATION  
APPLICANT INSTRUCTIONS**

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Thank you for your interest in employment with our Company. We appreciate your application and look forward to the possibility of you joining our team. This sheet is for your information, please read it carefully.

If you need any assistance or accommodation to complete this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please print all information so it can be easily read. Be certain that all questions are **completely** answered. Incomplete applications will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment. A background check and/or consumer report may be requested by the Company.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, age, religion, sex, national origin or ancestry, disability or physical condition, parental status, sexual orientation, gender identity, marital status, level of income, or other legally protected status.

You should understand that the position for which you are applying is considered at-will, which means that either you or the Company can terminate employment for any reason or no reason at any time. No one, except the Company's President has the authority to amend this agreement.

**Our business is a voluntary non-subscriber to Workers' Compensation of Texas, pursuant to Article 8308, V.A.C.S.**

We appreciate your interest.

I have read and understood the above information.

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Applicant Printed Name

Signature

Date

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## APPLICATION FOR EMPLOYMENT

(Please Print)

Position Desired: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever worked for **Legacies Nursing & Rehabilitation**?  Yes  No

If so, when? \_\_\_\_\_

How did you learn about us?

Advertisement  Friend  Walk-In  Relative  Other: \_\_\_\_\_

Please list the names below of any relatives or friends employed by **Legacies Nursing & Rehabilitation**:

Are you over eighteen (18) years of age?  Yes  No

Did you receive a copy of the job description for the position?  Yes  No

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

If yes, please describe below (*answering is voluntary, and any answers will be kept confidential*).

Are you currently employed?  Yes  No

Are you legally authorized to work in the United States?  Yes  No  
*Proof of identity and work authorization will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Availability:  Full-Time  Part-Time  Shift Work  Temporary

Do you have reliable transportation?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever been convicted or pled guilty or no contest to a felony offense?  Yes  No

For purposes of employment with **Legacies Nursing & Rehabilitation**, "convictions" include, but are not limited to, sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication), and court-ordered restitution.

City/State: \_\_\_\_\_ Charge: \_\_\_\_\_

\*Please explain below:

*\*Conviction of a felony will not necessarily bar you from employment.*

### EDUCATION

#### HIGH SCHOOL:

Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Did you graduate?  Yes  No Degree: \_\_\_\_\_

#### COLLEGE:

Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Did you graduate?  Yes  No Degree/Major: \_\_\_\_\_

#### OTHER:

Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Did you graduate?  Yes  No Degree/Major: \_\_\_\_\_

Current Certifications/Licenses Held: \_\_\_\_\_

### EMPLOYMENT HISTORY

**(last ten (10) years-attach additional sheets, if necessary)**

Start with your present or last job. You may also include any activities which you believe demonstrate your qualifications for the position applied. "See Resume" is not acceptable.

#### CURRENT OR MOST RECENT EMPLOYER:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
May we contact your current or most recent employer for a reference?  Yes  No

#### NEXT PREVIOUS EMPLOYER:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
May we contact your previous employer for a reference?  Yes  No

#### NEXT PREVIOUS EMPLOYER:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
May we contact your previous employer for a reference?  Yes  No

Complete the following information only if applying for a position that requires use of a vehicle while conducting Company business. If hired, your information will be verified with a Motor Vehicle Report.

Do you have a valid driver's license?  YES  NO

### REFERENCES

Name only those persons who are familiar with your work capabilities. Do not list relatives.

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

Position: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

Position: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

Position: \_\_\_\_\_ Years Known: \_\_\_\_\_

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I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one hundred-eighty (180) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by a company-authorized physician and that I may be required to successfully pass a pre-employment drug/alcohol screening after I accept a conditional offer of employment.

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Applicant Printed Name

Signature

Date

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.dps.texas.gov/Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/Crime_Records_Information/Review_of_Personal_Criminal_History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	