



EMPLOYMENT APPLICATION

Thank you for your interest in employment with HealthTexas Medical Group of San Antonio ("HTMG"). Your application will be retained for 6 months from the date received. HTMG is an equal opportunity employer. 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, gender, age, disability, and/or Vietnam era veteran status.

PLEASE PRINT

PERSONAL INFORMATION

Name: _____
Last First Middle

Social Security Number: _____ - -

Address: _____
Street Apt. No. City State Zip Code

Home Phone Number: _____ Message Number: _____

POSITION DESIRED

First Preference: _____ Second Preference: _____

Date Available For Work: _____

Status Desired: Full-Time Part-Time Relief Temporary Minimum Salary Required: \$ _____
per hour year

Hours Available: _____ Days Available (please check): Sun Mon Tue Wed Thu Fri Sat

WORK AUTHORIZATION

Are you legally authorized to work in the United States? Yes No

GENERAL INFORMATION

- Are you at least 18 years of age? Yes No
- Do you speak, read, or write any language other than English? Yes No
If yes, state language: _____ Speak Read Write
- Have you ever been convicted of a felony, a misdemeanor (including DUI), received deferred adjudication or plead "nolo contendere" or "no contest"? Yes No
If yes, explain: _____

(Disclosure of a criminal record will not necessarily disqualify you for employment consideration. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying. However, failure to disclose such information may result in disqualification of your application or termination of employment.)
- Have you ever been excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or nonprocurement programs (i.e. excluded from participation as a provider or employee of a company that does business with Medicare, Medicaid or any other Federal agency)? Yes No
- Have you ever worked in a HealthTexas Medical Group facility? Yes No
If yes, give dates: From _____ to _____
Which HealthTexas Medical Group facility? _____
Position Held _____
- Do you have any relatives employed with HealthTexas Medical Group? Yes No
If yes, give name(s) _____ Department /Location _____

EMPLOYMENT APPLICATION

Page 2 of 4

EMPLOYMENT HISTORY

A resume may not be submitted in lieu of a completed application. Begin with your most recent employer and continue your list of employers for at least the last 7 years. Please not any other names used while employed.

| | |
|--|--|
| <p>Name and Address of Company: _____ _____</p> <p>Telephone #: _____</p> <p>Reason for Leaving: _____</p> <p>Currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Employment Dates: ____ / ____ to ____ / ____ (month) (year) (month) (year)</p> <p>Position Held: _____</p> <p>Name of Supervisor: _____</p> <p>Beginning Salary \$ ____ hr. Ending Salary \$ ____ hr.</p> <p>Description of Job Duties: _____ _____</p> |
| <p>Name and Address of Company: _____ _____</p> <p>Telephone #: _____</p> <p>Reason for Leaving: _____ _____</p> | <p>Employment Dates: ____ / ____ to ____ / ____ (month) (year) (month) (year)</p> <p>Position Held: _____</p> <p>Name of Supervisor: _____</p> <p>Beginning Salary \$ ____ hr. Ending Salary \$ ____ hr.</p> <p>Description of Job Duties: _____ _____</p> |
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| <p>Name and Address of Company: _____ _____</p> <p>Telephone #: _____</p> <p>Reason for Leaving: _____ _____</p> | <p>Employment Dates: ____ / ____ to ____ / ____ (month) (year) (month) (year)</p> <p>Position Held: _____</p> <p>Name of Supervisor: _____</p> <p>Beginning Salary \$ ____ hr. Ending Salary \$ ____ hr.</p> <p>Description of Job Duties: _____ _____</p> |

EMPLOYMENT APPLICATION

Page 3 of 4

PERSONAL REFERENCES

| Name | Address | Phone | Occupation |
|----------|---------|-------|------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

EDUCATION

Do you have a high school diploma or GED? Yes No If no, list highest grade completed _____

Other schools attended:

| Type of School | Name and Location | Dates Attended | Major/Minor | Degree or Hours |
|------------------------|-------------------|----------------|-------------|-----------------|
| College/ University | | | | |
| College/ University | | | | |
| Business/ Trade School | | | | |
| Nursing School | | | | |
| Other | | | | |

JOB RELATED SKILLS

- | | | |
|--|--|--|
| <input type="checkbox"/> 10 Key Calculator (by touch) | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Medical Records Abstracting |
| <input type="checkbox"/> Dictaphone | <input type="checkbox"/> Lotus/Excel | <input type="checkbox"/> Medical Records Coding |
| <input type="checkbox"/> Shorthand | <input type="checkbox"/> Medical Transcription | <input type="checkbox"/> Medical Insurance Billing |
| <input type="checkbox"/> Typewriter/Keyboard (_____ wpm) | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Internet |

Other Computer Programs: _____

Other Office Machines: _____

Other Skills Not Listed Above Including Certifications: _____

Note any other details which should be considered in view of your qualifications; include honors, awards, publications, patents, etc. _____

LICENSURE

Are you now licensed in your profession or occupation? _____ Expiration Date: _____
 If yes, in which states? _____ License or Registration No.: _____
 If not licensed in this state, have you applied? _____

EMPLOYMENT APPLICATION

Page 4 of 4

**IMPORTANT NOTICE
PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

I hereby certify that all information on this application is true and correct to the best of my knowledge and belief and do hereby authorize any and all investigations deemed necessary by this facility to verify the information contained herein and necessary qualifications for the job(s) for which I am applying.

Furthermore, I hereby authorize any and all former employers to release all employment records, including health records, requested by this facility and do hereby release and hold harmless said former employers from any liability resulting from the release of such information.

Furthermore, I hereby authorize this facility to obtain, and I authorize all persons or entities holding such information to release, reports and information regarding my background including criminal convictions, if any, motor vehicle and driving records, credit records, and reliability/character information including investigative, consumer reports regarding any character, general reputation, personal characteristics and mode of living. I do hereby release and hold harmless HealthTexas Medical Group of San Antonio and its facilities and any persons or entities obtaining or releasing such information from any liability resulting from obtaining and releasing such information. I understand that by making written request to you within 60 days as required by the Fair Credit Reporting Act, 15 U.S.C. § 1681 et. seq., I may learn the complete nature and scope of any credit agency report.

I also understand and agree that if employed, the terms and conditions of my employment, including duties, hours, working area and days of work may be changed from time to time by the facility as it deems necessary, that I will conform to the rules and regulations of the facility and that employment with this facility is at the mutual consent of the employee and the facility. Accordingly, either the employee or the facility may terminate the employment relationship at will for any reason at any time. I understand that no supervisor, official or representative of this facility has any authority to enter into any contract of employment for any specific period of time or to make any agreement, orally or in writing, contrary to the terms of this paragraph.

I further understand and agree that any false statements or material omissions on this application may result in my immediate dismissal from employment, or discontinuation of further consideration of my application.

Date

Signature of Applicant

HealthTexas Medical Group
6243 IH-10, Suite 480
San Antonio, TX 78201

Phone: 210.731.4800
Fax: 210.731.4882



PRE-EMPLOYMENT DISCLOSURE & RELEASE

(PLEASE PRINT)

APPLICANT'S FULL NAME: _____

Any Other Name You Have Worked Under: _____

Social Security No.: _____ Date of Birth1: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Driver's License No.: _____ State: _____

My Present Employer May Be Contacted For a Job Reference: Yes o No o

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report1 and/or investigative consumer report2 may be made in connection with my application for employment with prospective employer. (including contract for services.) I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may 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 HealthTexas Medical Group, may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by HealthTexas Medical Group, to furnish the above mentioned information. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment or denial of employment. I hereby discharge, release and indemnify HealthTexas Medical Group, their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by HealthTexas Medical Group.

The authorization granted herein expires one year from the date hereof. I have read and understood the above information, and assert that all information provided by me is true and accurate.

v APPLICANT'S SIGNATURE: _____ DATE: _____

If you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature of the investigation.

1 The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer purposes only.
2 A consumer report may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.
3 An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.