

APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for _____ Date of Application _____

How Did You Learn About Us? Advertisement Friend Other _____

Last Name	First Name	Middle Name	Maiden Name
Address		City	State
			Zip Code
Telephone Number(s) _____			

Date available for work _____ Desired salary range? _____

Do any of your friends or relatives work here? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment, Yes No

Can you travel if a job requires it? Yes No

Can you work overtime if a job requires it? Yes No

Have you been convicted or plead guilty or no contest to a felony **or** misdemeanor within the last seven years? Yes No
 If so, please explain: _____

IMPORTANT: For purposes of employment with TMLT, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.
A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

EDUCATION

	Name, City and State of School	Course of Study	No. of Years Completed	Diploma/ Degree
High School				
Undergraduate				
Graduate/Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include reasons for gaps in employment. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From/To	Work Performed
City, State		
Telephone Number		
Position	Hourly Rate/Salary	
Supervisor		
Reason for Leaving		May we contact? Yes No

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If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

State any additional information, special skills, training or other job-related skills that you feel may be helpful to us in considering your application.

SPECIALIZED SKILLS

____ Spreadsheet	____ Xerox machine	____ Other (please list)
____ Word Processing	____ Scanning/Imaging Equipment	_____
____ Typing WPM _____	____ Presentation Programs	_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

.....YES NO

REFERENCES

1. _____ (Name) _____ () _____ Phone #

2. _____ (Name) _____ () _____ Phone #

3. _____ (Name) _____ () _____ Phone #

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, provided on my resume, or disclosed in an interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



Texas Medical Liability Trust, P.O. Box 160140, Austin, TX 78716

WE ARE AN EQUAL OPPORTUNITY EMPLOYER