



191 E. Price Rd. • Brownsville, Texas 78521  
(956) 548-7400 • HR Fax: (956) 546-7689

# Employment Application

We consider applicants for all positions without regard to race, color, religion, age, sex, marital status, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date of Application \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Walk-In  Facebook  NHHC Website  Advertisement  
 Employment Agency  Friend/Relative  Other: \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST & MIDDLE OTHER LAST NAMES USED (if any)

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_ Email address: \_\_\_\_\_  
AREA CODE

Do you have any relatives employed at NHHC or any of its subsidiaries?  Yes  No If Yes, Name \_\_\_\_\_

Have you filed an application here before?  Yes  No If Yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

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

Are you available to work  Full Time  Part-Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

AN EQUAL OPPORTUNITY EMPLOYER

HR # 906-02 Rev 01/19, 12/22, 08/23, 07/24, 08/24

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

Have you been convicted of a felony within the last 7 years?  Yes  No  
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Are you a Veteran of the U.S. Military service?  Yes  No

If Yes, Branch \_\_\_\_\_

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
**(You may exclude memberships which would reveal sex, race, religion, national origin  
age, ancestry, or handicap or other protected status):**

---

---

---

### Personal References

Give name, address and telephone number of three **references who are:**

- **Not Related To You (no family members)**
- **Not Previous Employers**

Name	Address	Telephone Number (including area code)
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

---

# Employment Experience

**Start with your present or last job.**

Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, age, sex, marital status, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, handicap or other protected status.

<b>EMPLOYER</b>	Telephone (with area code)	<b>Work Performed</b>
Address / City	Dates Employed From   To	
Job Title		
Supervisor	Hourly Rate/Salary Starting   Final	
Reason for Leaving		
<b>EMPLOYER</b>	Telephone (with area code)	<b>Work Performed</b>
Address / City	Dates Employed From   To	
Job Title		
Supervisor	Hourly Rate/Salary Starting   Final	
Reason for Leaving		
<b>EMPLOYER</b>	Telephone (with area code)	<b>Work Performed</b>
Address / City	Dates Employed From   To	
Job Title		
Supervisor	Hourly Rate/Salary Starting   Final	
Reason for Leaving		
<b>EMPLOYER</b>	Telephone (with area code)	<b>Work Performed</b>
Address / City	Dates Employed From   To	
Job Title		
Supervisor	Hourly Rate/Salary Starting   Final	
Reason for Leaving		

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

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

---



---



---

# Education

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Describe Course Of Study:	/			
<b>Other Credentials if applicable</b>	<b>CPR Certification</b> valid through : _____ mm/yy <b>Licensure No.</b> _____ <b>Certification No.</b> _____ <b>Registration No.</b> _____			

**Honors Received:** State any additional information you feel may be helpful to us in considering your application. Describe specialized training, apprenticeship, skill and extra-curricular activities:

## Applicant's Statement

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 60 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

Being employed with New Horizon Health Center (NHHC) does not constitute an employment contract and is not intended to create contractual obligations of any kind. No property right exists in continued employment with employer (NHHC) as all employees are considered "at-will". This means that employment is not for any specific period of time and is terminable at the will of either the employer or the employee. "At-will" further indicates that, the employment can be terminated by either party; with or without cause, at any time during employment.

No person shall hold a position over which a member of his/her family exercises direct or indirect supervisory authority.

**No person related in any way by blood or marriage twice removed, or living in the same household as a member of the Board of Directors, may be an employee of, a contractor with, or a recipient of payment of any kind from New Horizon Health Center.**

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

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>For Human Resources Department Use Only</b>	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks	_____
INTERVIEWER	DATE _____





## AUTHORIZATION TO RELEASE INFORMATION

Date: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I hereby request and authorize you furnish **New Horizon Health Center's (NHHC) Human Resources Department**, with any information they may request concerning my work record, educational history, military record, criminal record and traffic record history.

This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment should I be hired for the position as stated above. This form will also be used for employment and to conduct periodic reviews.

I hereby release you, and your organization, from any liability which may or could result from furnishing the information requested above and from any subsequent use of such information in determining my qualifications to serve as the position stated above.

**As a condition of employment, I will provide NHHC's Human Resources Department with original documents of transcripts, diploma(s), degree, licensure, certification, registration, etc., as applicable.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Date

NOTE: THIS FORM WILL BE RETAINED IN YOUR PERSONNEL FILE



## **Acknowledgment of Drug Test, Pre-Employment Physical Exam and Vaccination Requirements**

I acknowledge and agree that should New Horizon Health Center (NHHC) make me a conditional offer of employment, I will submit to a pre-employment physical exam, drug screening, and accept the vaccine requirements relevant to the job. I further agree to sign an authorization form allowing those facilities conducting the drug screening and physical exam to release and provide copies of the results to NHHC.

I am aware that the conditional offer will be rescinded should the drug test be positive as determined by the testing laboratory. Similarly, the conditional offer will be rescinded should the pre-employment physical exam reveal reasons that prohibit me from performing the job.

I understand that NHHC has a vaccination policy that I must abide. Furthermore, I agree to comply with NHHC's immunization requirements based on job necessity and protocols.

***NOTE: Failure to complete the pre-employment physical examination or drug test will be viewed as a rejection of the conditional offer of employment.***

***NHHC has the right to bill for all medical services incurred if an applicant rejects a job offer.***

---

**Print Name**

---

**Applicant's Signature**

---

**Date**