

# ONE HEALTH

## EMPLOYMENT APPLICATION



5101 ROSS AVENUE #200  
DALLAS, TX 75206  
214-613-2929

**IMPORTANT:** An Equal Employment Opportunity Employer. Candidates receive consideration without regard to race, religion, color, sex, age, national origin, disability, military or veteran status, genetics or any other legally protected status. Answer ALL questions. Fill out the work history portion and include employment for the past seven (7) years. Tobacco and Drug Free Workplace. **ONE HEALTH tests for drugs and alcohol after conditional offer and before the start of employment.**

APPLICANT INFORMATION											
Last Name				First				M.I.		Date	
Maiden or other names used						Social Sec #					
Street Address						Apartment/Unit #					
City				State				ZIP			
Phone				E-mail Address				Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Alternative Phone				Date Available				Desired Salary			
Position(s) Applied for						FT <input type="checkbox"/>		PT <input type="checkbox"/>		PRN <input type="checkbox"/>	
Are you available to work whatever schedule is necessary to help us meet our Corporate Objectives and our obligations to our clients?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, what shifts or days are you available?			
Are you a previous employee of ONE HEALTH MEDICAL SYSTEMS OR A RELATED COMPANY? If so, date:				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Have you ever been excluded, suspended, or debarred from, or otherwise declared ineligible to provide services in the Medicare or Medicaid programs, or any other federally-funded health		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have the legal right to work in the United States in the job for which you are applying?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you related to a current employee? If yes, name(s) and relationship and department:		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been convicted of a crime (felony, misdemeanor or deferred adjudication) or are you now under an investigation for a violation of criminal law?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain:			
Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain:			
Have you served in the U.S. Armed Forces?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, please indicate dates: From: _____ To: _____ Branch: _____			
EDUCATION											
High School				City, State							
From		To		Did you graduate or receive your GED?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
College				City, State							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	



Other	City, State		
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From		To	Degree:
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**PROFESSIONAL MEMBERSHIP INFORMATION**

Please list any professional organization to which you subscribe or are a member:

1.

2.

**SKILLS INFORMATION**

Please list special skills which you possess which are relevant to the position for which you are inquiring:

**PREVIOUS EMPLOYMENT**

List previous employers for whom you have worked over the ***last seven years***, beginning with the most recent employer. List any other employment that reflects experience related to the job for which you are applying. Resumes may be added, ***but do not replace the completed work history section***. **IF YOU NEED ADDITIONAL SPACE FOR THIS SECTION, COPY THIS PAGE.**

Current or Most Recent Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	



Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
			\$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
			\$
Responsibilities			
From	To	Reason for Leaving	
<b>LICENSURE-REGISTRATION-CERTIFICATION INFORMATION</b>			

Please list any professional licenses, registrations, or certifications which have been issued to you:

Name of License, Registration, Certification	State	Number	Year Issued	Current?		Expiration Date
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	

If currently eligible for license, registration, or certification please indicate status and date here:

Has your license, registration, or certification in this state or another state been suspended, limited, revoked or subject to disciplinary action:  
 YES       NO      If yes, please explain:



**DISCLAIMER AND SIGNATURE**

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF EMPLOYED, I ACKNOWLEDGE AND UNDERSTAND THAT:

- Any misstatement or omission of fact on this employment inquiry may result in my dismissal.
- If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
- I must submit acceptable evidence of my right to work in the United States.
- ONE HEALTH facilities are tobacco, drug and alcohol free workplaces. I must take and pass a pre-employment and drug test that screens for illegal drugs, alcohol, and unauthorized controlled substances; remain free of illegal drugs, alcohol and abusive levels of prescription drugs at work; and comply with the Drug-Free and Tobacco-Free policies.
- I will be required to comply with all Administration policies and procedures.
- I authorize this employment inquiry to be viewed by any affiliated companies.
- I am required to report any known or suspected practices that may violate state or federal law, including, but not limited to Medicare fraud and abuse. I understand that I am required to report such conduct to Human Resources.
- I understand that ONE HEALTH MEDICAL SYSTEMS is an employer at will, which means that my employment is not for a definite term and that either ONE HEALTH or I will have the right to terminate the employment relationship at any time, with or without cause or notice. I also understand that this status can only be altered by a written contract of employment that is specific as to all material terms and is signed by an officer of ONE HEALTH and myself.
- Upon termination, I will return in good condition any company property issued to me or to allow for the value of same, plus any outstanding accounts, to be deducted from my wages.
- I agree to notify ONE HEALTH in writing within forty-eight (48) hours of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a state licensing board; any adverse action which has resulted in the filing of a report with the state licensing board; any revocation of DEA license; a conviction or charge of any felony, misdemeanor or deferred adjudication; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage.
- I hereby authorize ONE HEALTH to confirm the information that appears in this employment inquiry and authorize all former employers, universities or colleges, references, credit and government agencies, or other persons, firms, corporations and institutions to provide such information to ONE HEALTH without delay.

As required by the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your employment inquiry. A consumer report may consist of employment records, educational verification, license verification, driving history, previous addresses or other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are inquiring. If you are denied employment, either wholly or partly, because of the information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such a report.

Signature of Candidate for Employment

Date

**SOURCE INFORMATION**

The following information is requested to assist us in assessing the effectiveness of our recruiting activities. Your cooperation is appreciated. How did you learn about this job? PLEASE CHECK ONLY ONE.

- ONE HEALTH Employee
- ONE HEALTH Website
- Online Job Posting Site
- Professional/Trade Journal Or Magazine Posting
- External Recruiting Agency
- Referred by Friend/Relative
- Other (Explain)

- Employee Name \_\_\_\_\_
- Website Name \_\_\_\_\_
- Posting Site Name \_\_\_\_\_
- Journal Name \_\_\_\_\_
- Agency Name \_\_\_\_\_
- Friend Name \_\_\_\_\_
- \_\_\_\_\_