

CMS HEALTH CARE, INC.
EMPLOYMENT APPLICATION
(An Equal Opportunity Employer)

Qualified applicants are considered for all positions without regard of race, color, religion, sex, national origin, age, marital status or the presence of a non-job related condition or handicap as specified by Federal and State equal employment opportunity laws.

POSITION APPLIED FOR _____

PERSONAL DATA

Name _____
(Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

Telephone _____ Social Security # _____
(Home) (Other)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

(Name) (Address) (Phone)

PLEASE CIRCLE EITHER "YES" OR "NO"

Are you willing to travel using your own car for agency work? Yes No Do you have auto liability insurance? Yes No

Texas Driver's License Number _____ Are you at least 18 years old Yes No

Offense (Excluding Minor Traffic Violations)? Yes No

If yes, please explain _____

LIST ALL LICENSES YOU HOLD:

TYPE _____ NUMBER _____ EXPIRATION DATE _____

TYPE _____ NUMBER _____ EXPIRATION DATE _____

Specify office machines or equipment you operate _____

EDUCATION:

High School Graduate? Yes No Grade completed if not graduate _____

College, University, Trade, Business, Correspondence School:

Name	Location	Dates	Area of Study	Degree	Date
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PREVIOUS EMPLOYMENT (Begin with your present position and work back) *PLEASE ATTACH RESUME IF NEEDED*

Firm Name _____ From _____ To _____

Address _____ Phone # _____

Reason for Leaving _____

Firm Name _____ From _____ To _____

Address _____ Phone # _____

Reason for Leaving _____

Firm Name _____ From _____ To _____

Address _____ Phone # _____

Reason for Leaving _____

You may indicate any additional experience or training, which would qualify, you for the position you seek:

Give the names and address of the persons other than relatives who have knowledge of your character, experience, or ability:

Name	Address	Occupation	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why do you feel you would be a good candidate to work for CMS Health Care, Inc?

I certify that I have made no willful misrepresentations in this application nor have I withheld information in answers to questions. I am aware that this information may be investigated and that any misrepresentations are grounds for rejection or dismissal. I acknowledge that signing this application does not guarantee an offer of employment.

I authorize you to make such investigations and inquiries of my personal, employment, medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I understand that this application will remain active for open positions for a period of at least 90 days.

I understand that I am required to abide by all rules and regulations of the company. I also understand that at the time of my employment I will complete a CMS Health Care employment information form. I understand that this application will become a part of my confidential personnel file if accepted for employment.

Signature of Applicant _____ Date _____

CMS HEALTH CARE, INC
1102 Early Blvd
Early, Texas 76802
325-643-4900

RE: _____

The above named individual has applied for employment with our corporation. We would appreciate your sharing the following information with us.

Place of Employment: _____

Dates of Employment: From _____ To _____

Hours of Service per week: _____

Job Title: _____

General Duties: _____

Reason no longer employed: _____

Please evaluate this person in the following areas:

Punctuality: _____ Cooperation: _____

Dependability: _____ Flexibility: _____

Decision-Making Ability _____ Technical Proficiency: _____

Would you rehire this person? _____

Any special comments would also be appreciated: _____

Signature of Supervisor: _____ Date _____

I hereby authorize CMS Health Care, Inc. and authorize and request each former employer and person, firm/corporation given as a reference to answer all questions that may be asked, and give all information that may be sought in connection with my application concerning me or my work, habits, character, skill or any action in transaction.

CMS Health Care, Inc. is an equal opportunity employer without regard to race, color, religion, sex, national origin, marital status or medical condition.

Signature of Applicant _____ Date _____

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1102 Early Blvd
Early, Texas 76802
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Signature of Applicant _____ Date _____