



# EDUCATION

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	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number (s)	Starting	Final	
	Job Title	Supervisor and contact #		
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number (s)	Starting	Final	
	Job Title	Supervisor and contact #		
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number (s)	Starting	Final	
	Job Title	Supervisor and contact #		
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number (s)	Starting	Final	
	Job Title	Supervisor and contact #		
Reason for Leaving				

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

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS

(Check Skills/Equipment Operated)

___ Terminal	___ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

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## PROFESSIONAL REFERENCES

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Phone #

\_\_\_\_\_  
(Describe the type of reference provided, ex., Former/current supervisor, instructor, manager, etc.)

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Phone #

\_\_\_\_\_  
(Describe the type of reference provided, ex., Former/current supervisor, instructor, manager, etc.)

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Phone #

\_\_\_\_\_  
(Describe the type of reference provided, ex., Former/current supervisor, instructor, manager, etc.)



## DISCLOSURE TO CONSUMER

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business  
1716 Briarcrest Drive  
Suite 200  
Bryan, Texas 77802

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

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***AUTHORIZATION TO OBTAIN INFORMATION***

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit Access Esperanza Clinics, Inc. to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_  
Applicant’s/Employee’s Full Name (Print clearly)

\_\_\_\_\_  
Applicants/Employee’s Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Signature

Name as shown on Driver’s License: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State Issued \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you ever been convicted of or pled guilty or “no contest” to a criminal charge?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered Yes provide the Case Number(s), Date of Action, Disposition, Place of Occurrence and Current Status Below:

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Please explain. If more space is needed, add supplemental sheets.

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## APPLICANT’S STATEMENT

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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.

This application for employment shall be considered active for a period of one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

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

\_\_\_\_\_

Date \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_ Interviewer \_\_\_\_\_ Date

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date