

NOTICE TO ALL APPLICANTS AND VOLUNTEERS

To be considered for any open position, an official Application for Employment must be submitted to:

MedCare Pediatric Group, LP.
 12371 South Kirkwood Road
 Stafford, TX 77477
 Phone: (713) 995-9292 or (877) 995-9292
 Fax: (713) 779-0204

In accordance with our policies, the Federal Drug Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991, all applicants who receive a conditional offer of employment are required to take and pass a pre-employment test for controlled substances.

Our Facility is a Texas agency serving persons with developmental disabilities under licenses from State Regulatory Authorities. Under these regulations we are required to conduct criminal conviction checks before an offer of employment. Therefore, any offer of employment resulting from this application is considered temporary, pending the results of a criminal conviction check. The following individuals are ineligible and may not be employed by, assigned volunteer status at or serve as a professional clinical intern at our Facility:

1. An individual who has been convicted of any of the criminal offenses listed below (the list is not all inclusive and may change depending on updated federal, state, or local laws);
2. An individual who has been convicted of an offense that our Facility has determined to be a contraindication to employment, internship or volunteer status;
3. An individual who is listed as revoked in the Nurse Aid Registry; or
4. An individual who is listed as unemployable in the Employee Misconduct Registry.

Criminal homicide	Kidnapping and false imprisonment
Indecency with a child	Aggravated or Sexual assault
Injury to a child, elderly individual or disabled individual	Agreement to abduct from custody
Abandoning or endangering a child	Aiding suicide
Arson	Sale or purchase of a child
Felony conviction for theft within the previous five years	False identification as a peace officer
Aggravated Robbery or Robbery	Indecent Exposure
Improper relationship between educator and student	Improper photography or visual recording
Disorderly or Deadly conduct	Aggravated sexual assault
Terroristic threat	Online solicitation of a minor
Money laundering	Medicare or Medicaid fraud
Cruelty to Animals	

Recruitment, hiring, training and promotions shall be administered without regard to race, color, religion, national origin, sex, sexual orientation, gender identity, or veteran status. Please contact Human Resources for additional information at: (713) 995-9292.

Applicant Information - Instructions

Please Read Before Completing Application For Employment.

The following forms are part of the application process and are in your application for employment, complete these forms and turn them in with your application:

- Application Disclosure & Authorization Form
- Job Description Acknowledgement Form
- Applicant Statistical Information Form
- Confidential Information and Intellectual Property Agreement
- Company Compliance Points Form
- Drug Free Workplace Form

Refer to the vacancy information in HR and/or on the bulletin board for a brief description of the position for which you are applying. Information will include salary and shift information.

On the application for employment, there is a section "Position applying for". Be specific and identify the exact title of the position, for example, Direct Care Staff.

If you are called for an interview, be prepared to submit the following information:

- 2 Professional Letters of Reference
- Evidence of employment eligibility (i.e., Texas drivers license [required], social security card, birth certificate, etc.)
- Proof of education and license/certification, if applicable (i.e., high school diploma, GED certification, college transcripts, etc.)

When a conditional offer of employment is offered, you will be required to undergo and pass a drug test, criminal background check, and take a TB Test. You will be required to pay for the cost of a chest x-ray should you test positive to the TB skin test.

Driving records are requested from the Texas Department of Public Safety and applicants with poor driving records may be ineligible for employment.

APPLICATION FOR EMPLOYMENT

MedCare Pediatric Group, LP

12371 S. Kirkwood Road

Stafford, TX 77477

Phone: (713) 995-9292 or (877) 995-9292

Fax: (713) 779-0204

www.medicarepediatrics.com

- | | |
|-------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> MedCare Pediatric Nursing, LP | <input type="checkbox"/> MedCare Pediatric Therapy, LP |
| <input type="checkbox"/> MedCare Pediatric Rehab Center, LP | <input type="checkbox"/> MedCare Counseling & Play Therapy Centers, LLC |
| <input type="checkbox"/> MedCare Pediatric Group, LP | |

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department

- | | | | | |
|-----------------------------------------|-----------------------------------|----------------------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Clinical | <input type="checkbox"/> Clinical Internship | <input type="checkbox"/> Summer Intern | <input type="checkbox"/> Volunteer |
|-----------------------------------------|-----------------------------------|----------------------------------------------|----------------------------------------|------------------------------------|

PLEASE COMPLETE ALL PORTIONS OF THIS APPLICATION. If a portion is not applicable, please indicate so. If you have a resume, please attach to this application as additional information.

Position(s) applied for: _____ Date of Application ____/____/____

PERSONAL INFORMATION

Name: _____ Social Security #: _____
 First Middle Last (Maiden)

Address: _____ City, State, Zip: _____

E-mail Address: _____ Current DL # and State: _____

List any other names used if different from the name on this application: _____

Preferred Phone: mobile home work: _____

If necessary, best time to call at home is: _____ am/pm

Other Phone: mobile home work: _____

May we contact you at work? Yes No

Other Phone: mobile home work: _____

If yes, best time to call ____:____ am/pm

Emergency Contact: _____ Phone Number: _____

How did you hear about our Facility?

- | | | |
|-----------------------------------------------------|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> walk-in | <input type="checkbox"/> Mailer | <input type="checkbox"/> friend/family _____ |
| <input type="checkbox"/> website _____ | <input type="checkbox"/> Employee _____ | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> newspaper / magazine _____ | | |

GENERAL INFORMATION

If you are under 18 and it is required, can you furnish a work permit? Yes No N/A If no, please explain _____

Have you submitted an application here before? Yes No If yes, give date(s) and position(s) _____

Have you ever been employed her before? Yes No If yes, give dates FROM ___/___/___ TO ___/___/___

Do you have any relatives that are employed by MedCare? Yes No If yes, list their name. _____

Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?
 Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation, and rehabilitation will be taken into account.

If yes, please explain if necessary, please attach additional sheet(s):

AVAILABILITY/PREFERENCES

Date available for work: ___/___/___

Type of employment desired:

- Administrative Home Therapy Home Nursing Clinic Therapy Counseling/Social Work Transportation

Please check schedule availability: (check all that apply)

- Mornings 6A – 2P Afternoons 2P - 10P, 3P - 11p, 4p - 12 midnight
 Overnight Midnight - 8A Monday – Friday 8A – 5:30P (Occasional weekend or overtime)
 Anytime and any day Other _____

I am interested in working:

FULL TIME (check all that apply)

- Administrative: 40 hours/week Nursing: at least 32 hours/week
 Therapy: at least 26 visits /week Rehab Center: at least 104 units/week

PART TIME (please complete A and B below).

A. I am only available for PART TIME because student other job other: _____

B. I am available the following days and times: _____

PRN (Applies to Direct Care and Training positions only)

Can you work beyond normal work hours or overtime if required? Yes No If No, please explain _____

What is your desired salary range or hourly rate of pay? \$ _____ per _____

Would you relocate if the job requires it? Yes No Will you travel if the job requires it? Yes No If Yes, how far? _____

I am available to work in the following locations (check all that apply):

Home Health: Northwest Southwest Northeast Southeast
Rehab Clinic: Stafford Northshore Spring Bryan/College Station Other _____

Do you have any allergies that may prevent you from doing your job? Yes No If Yes, please describe. _____

Do you smoke? Yes No If Yes, please read and initial by the agreement below.

**I understand that I will be prohibited from smoking in any patient's home or at any MedCare facility. _____ (Applicant initials) **

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignment and volunteer activities and account for any periods of unemployment or gaps between jobs. (You may exclude listing memberships that reveal race, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identify, or any other protected classification. **This section must be completed, even if a resume is included as additional information.**

1. EMPLOYER	POSITION
-------------	----------

ADDRESS	SUPERVISOR NAME
---------	-----------------

PHONE / FAX	E-MAIL
-------------	--------

START DATE _____	START TITLE _____	START PAY _____
END DATE _____	END TITLE _____	END PAY _____

DESCRIPTION OF PRIMARY RESPONSIBILITIES

REASON(S) FOR LEAVING

2. EMPLOYER	POSITION
-------------	----------

ADDRESS	SUPERVISOR NAME
---------	-----------------

PHONE / FAX	E-MAIL
-------------	--------

START DATE _____	START TITLE _____	START PAY _____
END DATE _____	END TITLE _____	END PAY _____

DESCRIPTION OF PRIMARY RESPONSIBILITIES

REASON(S) FOR LEAVING

3. EMPLOYER	POSITION
-------------	----------

ADDRESS	SUPERVISOR NAME
---------	-----------------

PHONE / FAX	E-MAIL
-------------	--------

START DATE _____	START TITLE _____	START PAY _____
END DATE _____	END TITLE _____	END PAY _____

DESCRIPTION OF PRIMARY RESPONSIBILITIES

REASON(S) FOR LEAVING

4. EMPLOYER	POSITION
-------------	----------

ADDRESS	SUPERVISOR NAME
---------	-----------------

PHONE / FAX	E-MAIL
-------------	--------

START DATE _____	START TITLE _____	START PAY _____
END DATE _____	END TITLE _____	END PAY _____

DESCRIPTION OF PRIMARY RESPONSIBILITIES

REASON(S) FOR LEAVING

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

**ADDITIONAL APPLICANT INFORMATION
APPLICATION FOR EMPLOYMENT ADDENDUM**

Applicant Name: _____ Date: _____
(Please Print)

Please list your addresses in the past 5 years (include Apt. Number, City, State and Zip Code)

1. _____
2. _____
3. _____
4. _____
5. _____

What has prepared you for the position for which you are currently applying?

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult?

Yes No If YES, please explain _____

Will you receive a satisfactory reference from your current and all previous employers?

Yes No If YES, please explain _____

Have you ever been discharged or asked to resign by an employer?

Yes No If YES, please explain _____

Do you have a valid driver's license? Yes No If YES, what is the #/state? _____

Do you have a valid commercial driver's license? Yes No If YES, what is the #/state? _____

Are you 21 or older? Yes No

Do you have a clear driving record? Yes No

We will conduct a Motor Vehicle Registration check for all applicants and/or employees who drive as a part of their regular work schedule.

Do you have a negative TB Skin Test within the last year? Yes No

If YES, enter the date received. _____

Do you have a negative chest x-ray within the last 2 years? Yes No

If YES, enter the date of the chest x-ray. _____

Do you have a current CPR Card? Yes No Expiry Date _____

Do you have a current AED Card? Yes No Expiry Date _____

Do you have a current First Aid Card? Yes No Expiry Date _____

Do you have reliable transportation? Yes No

Have you ever been referred to be disciplined by a licensing or certifying board or agency?

Yes No If YES, please explain _____

Please list your strongest qualities in your opinion: _____

Please describe your reasons for choosing healthcare as a career? _____

What other types of work would you be interested in if you were not in healthcare? _____

***** REMINDER *****

Please read the next page carefully and remember to **sign the application**.

Resumes can be attached after the application is signed and completed.

Remember, all attachments are also bound by the Applicant's Certification and Agreement that you sign on the next page.

APPLICANT CERTIFICATION AND AGREEMENT

I certify that all of the statements made in this application, and any attachments are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that false representation or omission of information may result in disqualification and/or termination as an applicant or employee, no matter when discovered. This includes information given during any interview(s).

I understand and permit this employer to investigate my educational background, references, driving, employment and criminal record, license status and other background information, I hold this employer and any person responding to a background investigation harmless from any liability that may result from information obtained or provided. I also understand that any conditional offer of employment will be subject to successfully completing any required physical and/or agility examination, including drug and alcohol testing. Background and security checks will also be conducted.

I understand and permit this employer to conduct random and for cause drug screenings, criminal background and driving record checks, and any other type of reference check during the employment period with or without notice to ensure continued employment eligibility and also to comply with the credentialing guidelines per State licensing regulations.

Nothing contained in this Application packet is intended to create, nor shall be construed as creating, an expressed or implied contract or guarantee of employment or placement for a definite term. I understand that MedCare is an "at will" employer and, such, any employment, intern, volunteer or other working relationship may be offered is mutual and may be terminated by either MedCare or me without cause or notice. All working relationships with MedCare are for an indefinite time period, and I cannot be guaranteed continued employment for any set amount of hours of work.

I am able to perform, with or without reasonable accommodation, the essential functions of the job for which I have applied.

I agree to immediately and no later than 24 hours from any occurrence notify MedCare if I am charged with, convicted of, received deferred adjudication or otherwise plead guilty or no contest to any criminal offense while my application is pending or during my employment, if hired.

I understand that any information and/or documents submitted with this application for employment becomes the property of MedCare Pediatric Group, LP and is not subject to return to the applicant.

The application is current for only 60 days. If at the end of this time I still wish to be considered for placement, it will be necessary for me to complete a new application.

X

Applicant Signature

Date

**AUTHORIZATION FOR BACKGROUND INVESTIGATION
&
CONSENT FOR RELEASE OF INFORMATION**

In connection with my employment and/or application for employment with MedCare, I authorize MedCare to perform a background investigation on me or to request one by a third party.

I understand that, when considering my application for employment, when making a decision whether to offer me employment, when deciding whether to continue my employment (if I am hired), and when making other employment related decisions directly affecting me, MedCare may wish to check my references and/or obtain and use an investigative background report including information as to my character, credit history, general reputation and personal characteristics from a consumer reporting agency. I understand that upon written request, MedCare will provide additional information regarding the nature and scope of the investigation requested.

I understand that, if MedCare obtains such a report about me, and if MedCare considers any information in the report when making an employment related decision that directly and adversely affects me, I may contact the Federal Trade Commission about my rights under the Fair Credit Reporting Act with regard to investigative reports and investigative agencies (called "consumer reporting agencies" by the Act).

I authorize and request all persons, schools, public and private entities, courts, law enforcement agencies, armed forces, employment commissions and all other government agencies to release such information about me without restriction or qualification. I voluntarily waive all recourse against, and release the requested parties from liability for complying with this Authorization & Consent. I understand that the request for Date of Birth is only for the purpose of identifying me for background verification. I authorize a photocopy or facsimile of this release to be considered as effective as the original.

By signing below, I hereby voluntarily authorize MedCare to obtain investigative reports about me from an investigative reporting agency and to consider the reports when making decisions regarding my employment at MedCare. I release MedCare, its officers, employees and agents from any and all liability for the preparation of any reports concerning my background or me.

APPLICANT/EMPLOYEE:

Last Name	First Name	Middle Name
Maiden or Other Names Used	D.O.B.	DL # and Issuing State
Race*	Social Security Number	Gender*: <input type="checkbox"/> Female <input type="checkbox"/> Male

X _____
Applicant Signature Date

*Race and gender information are required under the Texas Health and Safety Code §250.004(a)(1), and are used only to obtain criminal history from the Texas Department of Public Safety.

(APPLICANT - PLEASE KEEP THIS PAGE FOR YOUR RECORDS)

NOTICE OF BACKGROUND SEARCH AND INVESTIGATION

You are advised that in connection with your application for employment, MedCare and/or its agents may make an investigation of your background, references, character, past employment, consumer reports, education, and criminal history record information, which may be conducted through personal interviews or which may be obtained from any state or local files, including those maintained by both public and private organizations, and all public record, for the purpose of confirming the information contained on your application and/or obtaining other information which may be material to your qualifications for employment.

You are further advised that MedCare conducts its criminal history checks utilizing the Texas Department of Public Safety Crime Record Services and the Department of Aging and Disability Employee Misconduct Registry and Nurse Aide Registry. Under the Texas Health and Safety Code, section § 250.006, Convictions Barring Employment, if a person has been convicted of an offense listed in this subsection, the person may not be employed in a healthcare facility or agency. The Employee Misconduct Registry and Nurse Aide Registry are to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in DADS-regulated facilities and agencies.

You are further advised that, if a credit report is obtained, you have a right under the *Fair Credit Reporting Act* to make a written request within a reasonable period of time for additional information regarding the nature and scope of a credit report investigation, as well as for a written summary of your rights under the *Act*.

You are further advised that MedCare and/or its agents may transmit information obtained through this investigation to entities related by common ownership or affiliated by corporate control to MedCare, if any.

MedCare Pediatric Nursing, LP

MedCare Pediatric Therapy, LP

MedCare Pediatric Rehab Center, LP

MedCare Counseling and Play Therapy Centers, LLC

Human Resources

12371 South Kirkwood Road

Stafford, TX 77477

Tel: (713) 995-9292

Fax: (713) 779-0204

Visit our Website at: www.medcarepediatrics.com

PEDIATRIC QUALIFICATIONS

APPLICANT'S SIGNATURE: _____ DATE: _____

*Please list your experience as a pediatric clinician in the following areas below.

Name of Institution/Agency	Start Date	End Date	Ages/Diagnosis of patients cared for	Types of Skills/Treatment Performed

PLEASE LIST THE NAME OF A CLINICAL SUPERVISOR WHICH WE MAY CONTACT TO VERIFY EXPERIENCE. THIS PERSON MUST BE DIFFERENT THAN THE PERSON LISTED ON YOUR CONFIDENTIAL REFERENCE SHEET.

Name: _____ Phone #: _____ Fax #: _____

*Dear former Supervisor: Please verify by signing and dating below that the above mentioned applicant performed the duties listed above. Please sign and fax back as soon as possible to 713-779-0204. An offer of employment cannot be determined without a verification of pediatric skills.
Thank you.*

Supervisor Signature **Date**

Comments: _____

PERSONAL REFERENCES CHECKLIST

Employee Name: _____

Employee Title: _____

Facility: _____

Purpose:

We are required to ensure that each employee possesses the experience and the competency to perform job tasks. Three personal references are requested for each employee from persons not related by blood which indicate the ability to provide a safe, healthy environment for the clients being served.

Reference #1:

Name: _____ Telephone #: _____

Reference #2:

Name: _____ Telephone #: _____

Reference #3:

Name: _____ Telephone #: _____

OFFICE USE ONLY

	YES	NO
Reference #1:		
Can provide a safe and healthy environment for consumers.	<input type="checkbox"/>	<input type="checkbox"/>
Has experience with individuals who require special services.	<input type="checkbox"/>	<input type="checkbox"/>
Can be described as patient and compassionate for/with others.	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:		

Reference #2:		
Can provide a safe and healthy environment for consumers.	<input type="checkbox"/>	<input type="checkbox"/>
Has experience with individuals who require special services.	<input type="checkbox"/>	<input type="checkbox"/>
Can be described as patient and compassionate for/with others.	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:		

Reference #3:		
Can provide a safe and healthy environment for consumers.	<input type="checkbox"/>	<input type="checkbox"/>
Has experience with individuals who require special services.	<input type="checkbox"/>	<input type="checkbox"/>
Can be described as patient and compassionate for/with others.	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:		

DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

This is a formal notice of MedCare's intent to take corrective action, up to and including discharge of employment, against any employee who violates MedCare' Drug-Free Workplace Policy.

MedCare is a drug free workplace. We do not tolerate the unlawful use, possession, sale, or transfer of drugs or narcotics in any manner in the workplace, in association with the workplace, during work time, or that would otherwise adversely affect MedCare business. Further, employees shall not possess alcoholic beverages in the workplace or consume alcoholic beverages in association with the workplace or during work time. Employees shall not report to work with illegal drugs and/or alcohol in their bodies.

I understand and agree that:

- Ⓜ I have received MedCare's Drug-Free Workplace Policy;
- Ⓜ I have carefully and thoroughly read MedCare's Drug-Free Workplace Policy;
- Ⓜ I understand the requirements of MedCare's Drug-Free Workplace Policy;
- Ⓜ I will fully comply with and participate in, without reservation, MedCare's program to maintain a drug, inhalant and alcohol free workplace; and
- Ⓜ I will not report for or remain at work, or operate any equipment, including vehicles, while under the influence of alcohol, prohibited substances or inhalants, or any prescription medicines that interfere with my ability to function in a safe manner.

CONSENT TO TESTING, RELEASE AND REIMBURSEMENT

I, _____, understand the vital importance of maintaining a safe, drug-, inhalant- and alcohol-free workplace.

I understand that all prospective employees are tested prior to employment. I agree that MedCare has the right to use urinalysis or hair strand testing as provided by an independent laboratory. All specimen samples shall be collected with due regard to the privacy of the employee/applicant and in a manner reasonably calculated to prevent substitution or contamination of the sample.

I will provide any information that I consider relevant to the test, including identification of currently or recently used prescription or non-prescription medication, or other relevant medical information. I understand that my providing of information shall not preclude administration of the test, but will be taken into account in interpreting any positive confirmed results.

I understand that failure to submit to the drug screen will result in any job offer being rescinded.

If I disagree with the results of any testing, I understand I may, at my own expense, submit to a hair strand test. I will be instructed where to report to have an independent laboratory conduct a hair strand test.

Applicants who test positive cannot apply again for a period of one year.

I understand that MedCare also tests employees randomly, post accident, post leave, at promotion, with reasonable suspicion and randomly. I recognize that failure to submit to a test is considered voluntary termination.

I have read and understand the above information. I understand that any job offers made to me will be contingent, among other things, upon the negative (clear) results of a drug screen. By signing below I expressly consent to testing required of me on this and future dates and authorize any testing company to release the results of the drug, alcohol or inhalant tests to be performed to the Human Resources representative and/or Administrator for MedCare.

DRUG TESTING REIMBURSEMENT AUTHORIZATION

I, _____, hereby voluntarily authorize MedCare to deduct from my paychecks, including without limitation my final paycheck due upon separation (voluntary or involuntary), any and all monies which I owe to the Facility for the following:

_____ Testing expenses in the amount of no more than \$_____, should I test positive for any substances prohibited under MedCare's Drug-Free Workplace policy.

No deduction from my wages for any pay period shall cause my wages for that period to be less than the wages required to be paid by MedCare under applicable law.

APPLICANT/EMPLOYEE

Signature

Date

Printed Name

Social Security No.

Witness for Employer

APPLICANT EQUAL EMPLOYMENT OPPORTUNITY DATA

With a few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

The information below is being requested for reporting to Federal, State, and Equal Employment Agencies. **It will not be considered** as part of the application for employment. It will be separated from your application. Your response is **voluntary**.

_____ Name Last First MI				_____ Social Security Number							
_____ Address (Street or P.O. Box)				_____ City		_____ State		_____ Zip			
_____ Phone Number						_____ Positions Applied For					

Male Female

From the following categories, select the one with which you most identify:

Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.

White (not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, the Middle East or North Africa

Black or African American (not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian (not Hispanic or Latino) – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

American Indian or Alaska Native (not Hispanic or Latino) – a person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment

Two or More Races (not Hispanic or Latino) – all persons who identify with more than one of the above five races

How did you find out about this job?

- | | |
|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Newspaper _____ |
| <input type="checkbox"/> Job Bulletin | <input type="checkbox"/> Professional Publication _____ |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other _____ | |

Signature

Date