



Burke

APPLICATION FOR EMPLOYMENT

2001 South Medford Drive • Lufkin, Texas 75901
Phone: 936-639-1141 • Fax: 936-634-8601
www.myburke.org

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, disability or any other legally protected status.

PERSONAL DATA

Name: _____
First Middle Initial Last

Address: _____

Apartment/Unit #: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____

Email: _____

Driver's License #: _____ State Issued: _____ Exp. Date: _____

GENERAL INFORMATION

Using the position number included in the job posting, please list all the positions you are interested in below. You do not need to complete a separate application for each position.

Position #: _____ Position Title: _____

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How did you hear about the position? ☐ Radio ☐ TV ☐ Newspaper ☐ Career Fair ☐ Burke Website ☐ Walk In

Other, please specify: _____

Pay Rate Expected: _____ Date Available for Work: _____

What days are you available to work? _____

Have you ever worked at Burke (formerly Burke Center) at any location? ☐ YES ☐ NO

If yes, list name used: _____

Do you have any relatives working at Burke (formerly Burke Center) or serving as a Board of Trustee Member?

☐ YES ☐ NO

If yes, list name(s) and relationship(s): _____

Please list two references other than past supervisors who have knowledge of your previous work performance.

Full Name: _____ Address: _____

Phone: _____ City, State, Zip: _____

Full Name: _____ Address: _____

Phone: _____ City, State, Zip: _____

EDUCATION & SKILLS

Note: Your education, skills, and work experience noted in the section below MUST indicate that you meet the minimum requirements of the position or your application will not be considered. Minimum requirements are listed in the job posting for that position. Job postings are located at each Burke building or can be accessed online at www.myburke.org.

Educational Background:

High School: _____ City & State: _____

Attended: _____ to _____ Did you graduate? ☐ YES ☐ NO Degree Earned (if applicable): _____

College: _____ City & State: _____

Attended: _____ to _____ Did you graduate? ☐ YES ☐ NO Degree Earned (if applicable): _____

College: _____ City & State: _____

Attended: _____ to _____ Did you graduate? ☐ YES ☐ NO Degree Earned (if applicable): _____

College: _____ City & State: _____

Attended: _____ to _____ Did you graduate? ☐ YES ☐ NO Degree Earned (if applicable): _____

Technical/Vocational: _____ City & State: _____

Attended: _____ to _____ Did you graduate? ☐ YES ☐ NO Degree Earned (if applicable): _____

Technical/Vocational: _____ City & State: _____

Attended: _____ to _____ Did you graduate? ☐ YES ☐ NO Degree Earned (if applicable): _____

Licenses/Certifications (if applicable):

License#/Certification#: _____ Issued By/Location of Issuing Authority: _____

Date Issued: _____ Date Expires: _____ License Earned: _____

License#/Certification#: _____ Issued By/Location of Issuing Authority: _____

Date Issued: _____ Date Expires: _____ License Earned: _____

Special Training/Skills/Qualifications:

List all job-related training or skills you possess and machines or office equipment you can operate, such as computer equipment, types of software and hardware and any second languages you fluently speak, read or write.

EMPLOYMENT HISTORY

List all employment, including military service, for the past five years. Begin with your present or most recent position. If you attach a resume, you may elect to print "see attached resume" in the "summary of experience" section. However, COMPLETE ALL OTHER INFORMATION in this section for each previous position.

If you are currently employed, may we inquire with your present employer? ☐ YES ☐ NO

Position Title: _____ Main Phone: _____

Employer: _____ Supervisor Name: _____

Address: _____ Supervisor Phone: _____

Starting Date: _____ Leaving Date: _____ Starting Salary: \$_____ Ending Salary: \$_____

Average Number of Hours Worked Per Week: _____ ☐ Full Time ☐ Part Time ☐ Summer ☐ Team/Project

Indicate type of position: ☐ Direct Care ☐ Non-Managerial ☐ Supervisory/Managerial

Summary of Experience:

Specific Reason for Leaving:

Position Title: _____ Main Phone: _____

Employer: _____ Supervisor Name: _____

Address: _____ Supervisor Phone: _____

Starting Date: _____ Leaving Date: _____ Starting Salary: \$_____ Ending Salary: \$_____

Average Number of Hours Worked Per Week: _____ ☐ Full Time ☐ Part Time ☐ Summer ☐ Team/Project

Indicate type of position: ☐ Direct Care ☐ Non-Managerial ☐ Supervisory/Managerial

Summary of Experience:

Specific Reason for Leaving:

Position Title: _____ Main Phone: _____

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Address: _____ Supervisor Phone: _____

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Summary of Experience:

Specific Reason for Leaving:

Position Title: _____ Main Phone: _____

Employer: _____ Supervisor Name: _____

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NOTICE TO PROSPECTIVE EMPLOYEES

All individuals considered for employment will have an investigation performed to determine the existence of a criminal history with the Texas Department of Public Safety or other suitable sources; a driver's record check; an Office of Inspector General Medicaid / Medicare Exclusion check; Texas Health and Human Services Commission's CARE Abuse / Neglect; Employee Misconduct Registry, and the Nurse Aide Registry Check. Pre-Employment Drug Screening Candidates being considered for hire must undergo and pass a drug-screening test as a condition for hire. If an applicant has lived outside of the State of Texas within the past two years, Burke will obtain criminal history information through the FBI.

Notice: In general, certain arrests and convictions, including those related to any sexual offenses, drug-related offenses, murder, theft, assault, battery or any crime involving personal injury or threat to another person, may make you ineligible for employment with Burke. A poor driving record may make you ineligible for employment. A poor driving record consists of two or more at-fault accidents, four or more moving violations or a combination of at-fault and moving violations within a three-year period or any DWI or DUI within the previous five-year period. Confirmation of client abuse and / or neglect may also make you ineligible for employment. Being listed as revoked in the Nurse Aid Registry or being listed as unemployable in the Employee Misconduct Registry is an absolute bar for employment at Burke.

Affidavit Disclosure, Authorization and Certification

Have you been discharged or asked to resign because of unsatisfactory conduct or performance of duties?

☐ YES ☐ NO If yes, explain: _____

Have you ever been charged of any offense described in the above "Notice"?

☐ YES ☐ NO If yes, explain: _____

Have you ever had an allegation of client abuse and / or neglect substantiated against you?

☐ YES ☐ NO If yes, explain: _____

I authorize Burke to investigate my background, education and experience. I also authorize former employers, former supervisors and other persons with knowledge of my background, education or experience to provide any and all information to Burke. I authorize Burke to use my name to conduct the specific screenings and clearances listed above. I understand that a physical examination may be required for my employment, and I am willing to undergo such an examination including such drug screening as may be required. I understand that if the results of the physical examination indicate that I cannot perform essential parts of the job I am being hired for, the offer of employment may be revoked. I also understand that a positive result on the drug screening test will cause an offer of employment to be revoked. I understand that Burke retains full rights to discharge any employee from employment at any time, either with or without cause. I understand that if I am employed, I will serve an initial probationary period. However, I understand that should I successfully complete the initial probationary period that I will be considered an "at will" employee, thereby allowing Burke to discontinue the working relationship at any time without cause. I understand and accept the fact that if I am hired into an hourly paid position, the fringe benefits extended to me will be less than those extended to full-time employees. I understand that nothing in the Burke Human Resources Administrative Guide or other documents should be interpreted as implying that an employment contract exist between Burke and any employee.

I certify the statements in this application are true and complete. I understand that any false statements or omissions of information may be sufficient grounds for my application to be rejected or for employment discharge if I am already an employee of Burke.

Signature: _____ Date: _____

Name (please print): _____