EMPLOYMENT APPLICATION

Equal opportunity employer. Complete all applicable sections. Do not include medical or disability information.

Applicant information

Full legal name

Preferred name

Email address

Phone number

Street address

City / State / ZIP

Position applied for

Date available

Employment preferences

- [ ] Full-time
- [ ] Part-time
- [ ] PRN / As needed
- [ ] Temporary
- [ ] Internship
- [ ] Employee (W-2)
- [ ] Independent contractor (only if properly classified)

Desired schedule / availability

Minimum hours available weekly

Referral source

Work authorization and essential requirements

- [ ] Legally authorized to work in the United States
- [ ] Will require employment sponsorship now or in the future
- [ ] At least 18 years old
- [ ] Can perform essential job functions with or without reasonable accommodation

EMPLOYMENT APPLICATION

☐ Previously worked for STS

Accommodation requests may be discussed confidentially with STS; do not provide medical details here.

Education and training

School / institution 1

City / State 1

Degree, diploma or training 1

Field of study 1

School / institution 2

City / State 2

Degree, diploma or training 2

Field of study 2

School / institution 3

City / State 3

Degree, diploma or training 3

Field of study 3

Licenses, certifications and credentials

Credential 1 and number

Issuing state / expiration 1

Credential 2 and number

Issuing state / expiration 2

Credential 3 and number

Issuing state / expiration 3

Restrictions or actions affecting credentials (if applicable)

Employment history

Employer 1

EMPLOYMENT APPLICATION

Employer name

Employer address

Employer phone

Job title

Supervisor

Dates employed

Primary duties

Reason for leaving

☐ STS may contact employer 1

Employer 2

Employer name

Employer address

Employer phone

Job title

Supervisor

Dates employed

Primary duties

Reason for leaving

☐ STS may contact employer 2

Employer 3

Employer name

Employer address

Employer phone

Job title

Supervisor

Dates employed

Primary duties

Reason for leaving

☐ STS may contact employer 3

Professional references

Reference 1

Name

Professional relationship

Organization

Telephone

Email address

Reference 2

Name

Professional relationship

Organization

Telephone

Email address

Reference 3

Name

Professional relationship

EMPLOYMENT APPLICATION

Organization

Telephone

Email address

Skills and qualifications

Relevant software / EHR experience

Languages or communication skills

Clinical or administrative specialties

Other qualifications relevant to the position

Applicant certification and authorization

I certify that the information I provided is true, complete and accurate. I understand that material misrepresentation or omission may disqualify me from consideration or result in separation from employment. I authorize STS to verify employment, education, credentials, and references, subject to applicable law. I understand this application is not a contract or guarantee of employment. If hired, employment is at will to the extent permitted by Texas law, unless otherwise agreed in a signed written contract.

An offer may be conditional upon satisfactory completion of applicable background screening, drug screening, credential verification, and other position-specific pre-employment requirements. Separate screening disclosures and authorizations will be provided where required.

Printed name

Date

Signature (type name; sign electronically if required)