



Doing the right thing.
Every patient. Every time.

Instructions for Manual Employment Applications

Today's Date: _____

- Due to the volume of applications received, we will not be able to respond to requests of application status.
- Qualified applicants will be submitted to the hiring department and it will be at the discretion of the hiring manager to contact you for an interview.
- To prevent delays with a manual application, Human Resources recommends that applicants apply online at <https://trustedmedicalcenters.com/careers/> or contact Human Resources for additional information at 817-803-2196.
- Please ensure you indicate your email address.

Please mail completed application to:

Trusted Medical
Attention: Human Resources
1845 Precinct Line Rd,
Suite 107
Hurst, TX 76054

OR

Return to facility/person you obtained the application

OR

Scan to careers@trustedmgt.com

All manual applications must be returned to Human Resources before the application is submitted to the hiring supervisor.



JOB INTEREST

Please be specific with Job Title & Job Requisition Number, so we are sure to apply you to the correct position at Trusted Medical. You can find the list of open positions on our website at:

<https://trustedmedicalcenters.com/careers/>

If you need assistance, please call Human Resources at 817-803-2196.

Name: _____ Social Security Number: _____

HUMAN RESOURCES USE ONLY:	
Position Title: _____ Requisition Job # _____	Qualification: _____ Initials _____
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EMPLOYMENT APPLICATION

Apply online at: <https://trustedmedicalcenters.com/careers/>

AN EQUAL OPPORTUNITY/AT WILL EMPLOYER

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment.

Please answer all questions completely. **Print** in ink or type. Resumes may be attached with a completed application. A resume does not take the place of an application. Failure to comply with all instructions will result in disqualification.

DUE TO THE VOLUME OF APPLICANTS, WE ARE UNABLE TO RESPOND TO THE STATUS OF EACH APPLICATION.

PERSONAL DATA

In order to properly check your history; please indicate any other names used (First names and/or Last names) including maiden names:

Email address: _____ (Please indicate “none” if applicable)

Name: _____
 (Last) (First) (MI)

Address: _____
 (Street or P.O. Box) (Apt.) (City) (State) (Zip)

Texas Driver’s License: TX Yes No DL Number: _____ If not, explain: _____

Primary Phone: _____ Alternate Phone: _____

What types of job are you looking for? Full Time PRN Internship/Practicum

Date available: _____ What time(s) are you available? (**Check all that apply**)

Weekdays: Anytime Morning Afternoon Evening

Weekends: Anytime Morning Afternoon Evening

Are you able to perform all the essential functions including physical requirements of the position with or without a reasonable accommodation? Yes No

Do you speak any foreign languages? Yes No If yes, what language(s)? _____

Job Category:

Entry Level Executive Experienced (Non Manager) Manager Senior Executive Student Student (High School)

Area of Experience:

Medical/Nursing Finance/Accounting Human Resources Information

Marketing/Communications Administrative/Clerical Customer Service Therapist/Social Work/Case Worker Direct Care

Desired Salary: _____

Available to Relocate? Yes No

Are you legally allowed to work in this country without sponsorship? Yes No

How did you hear about us? Advertisement Indeed Referral
 Job Fair LinkedIn Other, Please Specify: _____

Name/Event Referral Source (Current Employee or Job Fair)? _____

EDUCATION (Note: For initial verification of college degrees, a copy of your transcript/s which include a Degree Awarded date/s, must be attached to avoid delays in the application process. In addition, we will ask you to provide an official transcript at time of employment.)

Did you graduate from high school or achieve a GED? Yes No

TYPE OF SCHOOL	NAME & LOCATION	HOURS COMPLETED	MAJOR & MINOR COURSES	DEGREE
College or University				
College or University				
College or University				
College or University				
Other (Specify)				

LICENSE OR REGISTRATION: If license, certificate or other authorization to practice trade or profession is required for the position for which you are applying, complete the following questions. License must be presented upon hire.

Name of Trade or Profession: _____ License Number: _____

Granted by (licensing agency): _____ City or State: _____

From: _____ To: _____ Specialty: _____

Name of Trade or Profession: _____ License Number: _____

Granted by (licensing agency): _____ City or State: _____

From _____ To _____ Specialty _____

Military Service: Active Duty Reserve

Branch: _____ From: _____ To: _____

EMPLOYMENT HISTORY: INDICATE LAST TEN (10) YEARS OF EMPLOYMENT. PLEASE INCLUDE ANY RELEVANT EXPERIENCE. If you have any life experience or personal experiences, please include in this section.

Employer:		Hours Worked Per Week:
Mailing Address:	Supervisor's Name:	Internship/Practicum Avg. wkly hrs:
City, State, Zip:	Employer's Telephone No:	# of Employees Supervised:
Job Title(s):	Summary of Experience:	
Start Date: End Date:		
Beginning Salary: Ending Salary:		
Specific Reason for Leaving:		

Employer:		Hours Worked Per Week:
Mailing Address:	Supervisor's Name:	Internship/Practicum Avg. wkly hrs:
City, State, Zip:	Employer's Telephone No:	# of Employees Supervised:
Job Title(s):	Summary of Experience:	
Start Date: End Date:		
Beginning Salary: Ending Salary:		
Specific Reason for Leaving:		

Employer:		Hours Worked Per Week:
Mailing Address:	Supervisor's Name:	Internship/Practicum Avg. wkly hrs:
City, State, Zip:	Employer's Telephone No:	# of Employees Supervised:
Job Title(s):	Summary of Experience:	
Start Date: End Date:		
Beginning Salary: Ending Salary:		
Specific Reason for Leaving:		

PERSONAL REFERENCES: (NOT FORMER EMPLOYERS OR RELATIVES)

Name	Occupation	Phone Number

1. Have you ever been convicted by federal, state, or any other law enforcement authority for any federal, state, county or municipal law regulation or ordinance? Yes No (Only since the 18th birthday).

If yes, describe (must list dates and type of conviction):

2. Have you ever worked for Trusted Medical? Yes No
If yes, what facility? List date(s) and department(s).

3. Do you have any relatives working for Trusted Medical? Yes No
If yes, list names, relationships and department employed in:

4. Have you ever been discharged or asked to resign because of unsatisfactory conduct or performance of duties? Yes No
If yes, indicate place of employment and circumstances:

5. To the best of your knowledge, have you ever been found to be the perpetrator of a confirmed case of patient abuse or neglect in any previous employment? Yes No
If yes, please provide details:

6. Has your license to practice, in your profession, ever been denied, suspended, revoked, restricted, voluntarily surrendered while under investigation, or have you ever been subject to a consent order, probation or any conditions or limitations by any state licensing board? Yes No
If yes, please provide details:

7. Have you ever received a reprimand or been fined by any state licensing board? Yes No
If yes, please provide details:

8. Are you currently or have you ever been the subject of an investigation by any hospital, licensing authority, DEA or DPS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program? Yes No
If yes, please provide details:

9. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank? Yes No
If yes, please provide details:

10. Have you ever received sanctions from or been the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)? Yes No
If yes, please provide details:

11. Have you ever been investigated, sanctioned, reprimanded, or cautioned by a hospital, facility, or agency, or voluntarily terminated or resigned while under investigation by a hospital or healthcare facility of any agency? Yes No
If yes, please provide details:

12. Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental health care plans or programs by any of its partnering agencies including but not limited to:

- Office of Inspector General (OIG)
- Client Assignments and Registration System (CARE)
- Novitas Medicare Opt-Out
- Employee Misconduct Registry
- System for Award Management (SAM)
- Texas Education Agency for Certified Teachers (TEA) or
- Department of Assistive and Rehabilitative Services (DARS)

Yes No

13. Have you ever had a confirmed Code of Ethics violation? Yes No

14. Have you ever been asked to resign in lieu of termination? Yes No

15. Are you aware of any incidents or concerns that could impact your ability to be licensed or to carry out your job duties? If so, please explain: Yes No

16. I understand that as a part of the Trusted Medical hiring process my current and previous employers will be contacted to verify employment **ONLY**?

I Agree Yes No

If you do not agree that Trusted Medical can contact current and previous employers; are you able to provide documentation of proof of employment (i.e. W-2's)? Yes No

Trusted Medical is committed to developing and assuring the implementation of services and supports consistent with the needs, requests and preferences of the persons receiving services.

I hereby certify that the foregoing statements as well as those on any attachments to this form are, to the best of my knowledge, true and correct and that they are given of my own free will. I agree that any misstatements, omissions, or falsification as to material facts may constitute grounds for unfavorable consideration or dismissal from employment. I understand that any pre or post termination complaint process afforded me is purely for convenience and does not alter any "at will" employment relationship that may exist. All employment related disputes will be resolved by binding arbitration. Per binding arbitration agreement, employees waive all rights with regard to taking employment related disputes to state or federal courts and employee waives any rights to participate in class or collective action lawsuits. I understand that positions with Trusted Medical may have potential occupational exposure to blood or other potentially infectious materials. Driving records will be checked on all employees.

I have read, understood, and agree with the above statement and terms.

Applicant Signature: _____ Date Signed: _____

Trusted Medical
AN EQUAL OPPORTUNITY/AT WILL EMPLOYER
Notice to All Applicants

It is the policy of the Board of Trustees to reaffirm its commitment to afford equal employment opportunity to all qualified individuals regardless of race, color, national origin, disability, sex, religion, age, or veteran status. It is the policy of this organization to provide equal employment opportunity (EEO) in full compliance with Title VII of the Civil Rights Act of 1964 as amended, the Age Discrimination in Employment Act of 1967 as amended, the Vietnam Veterans' Readjustment Assistance Act of 1972 as amended, the Rehabilitation Act of 1973 as amended, the Americans With Disabilities Act of 1990, the ADAAMA of 2008, Fair Labor Standards of 1958, as amended (Equal Pay Act of 1963), , Title II of the Genetic Information Nondiscrimination act of 2008 (GINA), Pregnancy Discrimination Act of 1978 and the Texas Commission on Human Rights Act. Recruitment, hiring, training, and promotion of persons in all job classifications shall be administered according to law without regard to race, color, national origin, disability, sex, religion, age, or veteran's status.

Convictions related to any criminal homicide, kidnapping and unlawful restraint, indecency with a child, sexual assault, aggravated assault, injury to a child, elderly individual, or disabled individual, abandoning or endangering a child, aiding in suicide, agreement to abduct from custody, sale or purchase of a child, arson, robbery, aggravated robbery, indecent exposure, improper relationship between educator and student, improper photography or visual recording, deadly conduct, aggravated sexual assault, terrorist threat, online solicitation of a minor, money laundering, Medicaid fraud, or cruelty to animals as described in Section 250.006 of the Health and Safety Code may result in ineligibility for employment with Trusted Medical. There are other convictions that also may bar employment with Trusted Medical also described in Section 250.006 of the Health and Safety Code.

The names of all employees are cleared through the Texas Department of Public Safety to determine the existence of such records. Falsification of the application for employment is grounds for dismissal. In compliance with the Immigration Reform Control Act of 1986 (S.1200) all new employees are required to provide documents that provide proof of employment authorization and identity.

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

HEALTHCARE EXCLUSION STATEMENT

I understand that exclusion from federal and state healthcare participation may bar me from employment with Trusted Medical and that the Department of Health and Human Services publishes a list of exclusions on an ongoing basis and is reviewed by Trusted Medical on an ongoing regular basis.

NOTIFICATION AND RELEASE OF INFORMATION

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches including, but not limited to, local, state, and national arrests/convictions.

I hereby authorize Trusted Medical to obtain any information from any schools, employers, criminal justice agencies, individuals or entities relating to my activities. This information may include but is not necessarily limited to: academic performance, professional achievement and performance, attendance, disciplinary actions, and arrest and conviction records. I hereby direct the recipient of this document to release such information upon request of Trusted Medical. I hereby release any entity and/or individual, including but not limited to record custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance or any attempts to comply with this authorization by the party (whether it be an individual, entity, or individual acting on behalf of any entity) releasing information pursuant to this request.

Full Name (Print): _____

Signature: _____

Street address: _____

City, State, Zip: _____

Phone: _____

Email address: _____

Social Security: _____

Date of Birth (MM/DD/YYYY): _____

EEO INFORMATION – (Optional)

Disclaimer:

This form does not become part of the hiring process, nor will the information be considered by those involved in the hiring process. The data is being collected under Equal Employment Opportunity Commission requirements.

Today's date: _____

Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: Male
 Female

CHECK ONE WHICH APPLIES TO YOU:

- 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 America (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