

Phone: 903-787-7533

Fax: 903-787-8825

SLEEP MEDICINE INSTITUTE OF TEXAS

3187 Paluxy Dr. Tyler, TX 75701

An equal opportunity employer

PRINT NAME:	Last	First	Middle	Date
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ADDRESS:	Street	city	State	Zip
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Preferred phone:	Email:	Are You 18 yrs of age: Yes / No
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Position Sought _____ Type of Employment: ___ Full Time ___ Part Time ___ Temporary

Date Available _____ Pay Desired _____/hr	Previous names used _____
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Are you legally eligible for employment in the United States? ___ Yes ___ No Referred by : _____

EDUCATION:

Schooling	Name of institution	Location	Course of study	Graduation date month/yr	List degrees/ hours
High School or GED					
Technical school					
College/University					
Other education					

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License	Name of institution	issue date	Location	Expiration date

RECORD OF CONVICTION

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?
 ___ Yes ___ No If yes, explain: _____

EMPLOYMENT: List last employer first, including U.S. Military Service

Name of Employer	Location	Dates of Employment		Job title	Hourly pay		Full Time Part time Temporary
		From Mo/Yr	To Mo/yr		Start	End	

Reason for Leaving: _____
 Describe duties: _____
 Supervisor Name _____ Phone _____ May we contact? Y / N

Name of Employer	Location	Dates of Employment		Job title	Hourly pay		Full Time Part time Temporary
		From Mo/Yr	To Mo/yr		Start	End	

Reason for Leaving: _____
 Describe duties: _____
 Supervisor Name _____ Phone _____ May we contact? Y / N

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Reason for Leaving: _____

Describe duties: _____

Supervisor Name _____ Phone _____ May we contact? Y / N

Explain any gaps in work history: _____

REFERENCES: Professional references only (Include Managers/supervisors)

Name	Position	Organization	Telephone

I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

LIST ANY RELATIVES OR ACQUINTANCES EMPLOYED BY THIS ORGANIZATION

LIST ALL COMPUTER SOFTWARE SKILLS, ANY PROFESSIONAL LICENCES, CERTIFICATES OR REGISTRATIONS YOU POSSESS:

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I authorize Sleep Medicine Instiute of Texas to verify the accuracy of all information I have placed on this application and otherwise provided. I understand that should investigation disclose any such misrepresentations or falsification, my application will be rejected and I will be declared ineligible for employment or will be dismissed after appointment. I understand that **Sleep Medicine Instiute of Texas** is an equal opportunity employer and that employee selection is based solely on the personal qualifications of applicants and their previous performance. In the event of my employment with **Sleep Medicine Instiute of Texas**, I will comply with all rules, regulations, and policies set forth in the **Sleep Medicine Instiute of Texas** policy manual or other communications distributed by **Sleep Medicine Instiute of Texas**. I understand that nothing in this employment application, inSleep Medicine Instiute of Texas’s policy statements or personnel guidelines, or in my communications with **Sleep Medicine Instiute of Texas** is intended to create an employment contract between **Sleep Medicine Instiute of Texas** and me. I also understand that **Sleep Medicine Instiute of Texas** has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon **Sleep Medicine Instiute of Texas** unless it is made in writing and signed by **Sleep Medicine Instiute of Texas** management. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and for any reason. I also understand that **Sleep Medicine Instiute of Texas** retains the right to terminate my employment at any time and for any reason.

My application will not be considered unless it is signed and all questions are answered. My signature will certify that I have read and that I understand all statements. If I am using electronic transmissions, the return of this completed application via electronic transmission will suffice as my signature as of the date sent.

Applicant's Signature

Date