

**TEXAS HILLS URGENT CARE CENTERS****Marble Falls**1701 HWY. 281 N.  
MARBLE FALLS, TX 78654**Bee Cave**13917 State Highway 71 W  
Bee Cave, TX 78738**EMPLOYMENT****APPLICATION**

THUCC, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND APPLICANTS WILL BE SELECTED FOR EMPLOYMENT SOLELY ON THE BASIS OF THEIR QUALIFICATIONS FOR A GIVEN POSITION, AND WITHOUT REGARD TO RACE, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY, AND /OR VIETNAM ERA VETERAN STATUS.

**POSITION DESIRED**

DATE \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

POSITION (S) APPLYING FOR:

SALARY REQUESTED: \_\_\_\_\_ PER \_\_\_\_\_

1. \_\_\_\_\_

PLEASE CHECK: PART-TIME: 

2. \_\_\_\_\_

FULL-TIME: **GENERAL INFORMATION**

NAME (Last, First, Middle) \_\_\_\_\_

Please list other names previously used for school, work, or other business reasons: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**FOREIGN LANGUAGE:**Do you speak, read or write any language other than English? YES  NO If yes, which language? \_\_\_\_\_ Speak  Read  Write Have you ever pleaded guilty to, been convicted of, received deferred adjudication, or probation for any criminal offense? YES  NO If yes, provide dates, locations (city and state), and type of offense and disposition:  
\_\_\_\_\_

Are you currently serving probation or deferred adjudication for any criminal offense?

YES  NO  If yes, explain: \_\_\_\_\_**NOTIFICATION OF OPENING****HOW DID YOU HEAR ABOUT EMPLOYMENT OPPORTUNITIES?:**Friend or other employee: Advertisement: Other: **MILITARY**

Branch of Armed Forces: \_\_\_\_\_ Special Training: \_\_\_\_\_

Length of Service: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

### SKILLS /CERTIFICATIONS

PLEASE CHECK ALL ITEMS APPLICABLE:

- \_\_\_ 10 KEY BY TOUCH
- \_\_\_ TYPING \_\_\_ WPM
- \_\_\_ MEDICAL INSURANCE BILLING
- \_\_\_ MEDICAL RECORDS CODING
- \_\_\_ WORD PROCESSING
- \_\_\_ CPR CERTIFIED
- \_\_\_ ACLS CERTIFIED
- \_\_\_ Certified Phlebotomist
- \_\_\_ Certified Medical Radiological Technician
- \_\_\_ Registered Medical Assistant

PLEASE LIST ANY OTHER  
SPECIAL SKILLS OR  
CERTIFICATIONS:

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### EDUCATION

SCHOOL NAME	LOCATION	MAJOR	# OF YEARS COMPLETED	DEGREE EARNED
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HIGHSCHOOL

JUNIOR COLLEGE

COLLEGE

POST GRAD/TECH SCHOOL

RN/LVN SPECIALTY: \_\_\_\_\_

If your profession requires current licensure, registration or certification, please indicate:

Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Has your professional licensure ever been revoked, suspended or restricted by any licensing board of governmental authority? If yes, provide dates, the license, registration or certification affected, the board of governing authority and nature of the action.** \_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

NAME THREE REFERENCES (NO RELATIVES) WHO ARE KNOWLEDGEABLE ABOUT YOUR WORK ETHIC AND WHOM WE MAY CONTACT FOR INFORMATION ABOUT YOU. (PLEASE PRINT)

NAME	WHERE EMPLOYED	BUSINESS PHONE	RELATIONSHIP
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**EMPLOYMENT RECORD**

PROVIDE YOUR COMPLETE EMPLOYMENT HISTORY, INCLUDING MILITARY SERVICE.

**MAY WE CONTACT YOUR CURRENT EMPLOYER AT THIS TIME ?**     **YES**     **NO**

COMPANY _____ STREET ADDRESS, CITY, STATE, ZIP _____ SUPERVISOR'S NAME _____ TELEPHONE NUMBER ( _____ ) _____ POSITION, DUTIES AND SPECIALTY AREAS _____ _____	START DATE _____ END DATE _____ SALARY START _____ FINAL SALARY _____ REASON FOR LEAVING _____ _____
COMPANY _____ STREET ADDRESS, CITY, STATE, ZIP _____ SUPERVISOR'S NAME _____ TELEPHONE NUMBER ( _____ ) _____ POSITION, DUTIES AND SPECIALTY AREAS _____ _____	START DATE _____ END DATE _____ SALARY START _____ FINAL SALARY _____ REASON FOR LEAVING _____ _____
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**APPLICATION PROCESS**

THUCC, Inc. may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by THUCC, Inc. Applications will be considered by THUCC, Inc. for six (6) months following their submission. Applicants, who wish to be considered after this time period has expired, or for another position not listed on this form, must submit a new application.

**APPLICATION VERIFICATION**

I verify that all of the information provide by me on this application and in exhibits and resumes is true, correct and complete. I have not knowingly withheld any information requested on this application. I understand that false, misleading, incomplete, or omitted information on this application or exhibits or resumes will result in the rejection of my application or dismissal if hired by THUCC, Inc. There is no time limit regarding the above mentioned items.

I authorized THUCC, Inc. and its agents to verify the information on this application and in exhibits and resumes, and to conduct an investigation regarding my suitability for employment. I release THUCC, Inc., its agents, and all persons and companies from any claims, liabilities or damages for requesting or providing any information about me.

I understand that this application is not intended as a job offer or contract of employment for any specific time period. If hired, my employment will not be for any specific time period and I may resign or be terminated at any time without notice or requirement of cause, this in compliance with the Texas Employment-at-Will Doctrine.

I understand that if employed, I will be required to complete a Federal I-9 form and to provide verification and identification and right to work in the United States.

I acknowledge the "Smoke Free," "Drug Free," and Confidentiality policies of THUCC, Inc. I agree to abide by all policies and rules of THUCC, Inc.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE ONLY (INTERVIEW AND EMPLOYEMENT INFORMATION)**

DATE INTERVIEWED: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

\_\_\_\_\_

INTERVIEW OUTCOME: HIRED  NOT HIRED

START DATE: \_\_\_\_\_

FULL-TIME

POSITION: \_\_\_\_\_

PART TIME

SALARY: \_\_\_\_\_ PER HOUR