



*La Esperanza Clinic, Inc.*

2029 W. Beauregard Ave.  
San Angelo, TX 76901

**APPLICANT INFORMATION**

**Position Applying For:**

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked at La Esperanza Clinic?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Do you have relatives employed by La Esperanza Clinic, Inc.			
Do you speak a language other than English? Yes ___ NO ___ If Yes, What language do you speak?			
Do you write in another language other than English? Yes ___ No ___ If Yes, Which language which language?			
Have you ever been suspended or placed on probation by an employer for attendance, job performance, or conduct? _____ If yes, please explain			
Please explain all periods of unemployment:			
<b>EDUCATION</b>			
High School	Address		
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
College	Address		
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other	Address		
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

**PREVIOUS EMPLOYMENT**

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**SPECIAL TRAINING/SKILLS/QUALIFICATIONS:**  
 List all related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment and types of software and hardware.

**DRIVING DATA**

Type of Driver's License \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**ACKNOWLEDGEMENT**

I certify that the information set forth above in my application and my resume I have submitted are true and correct. I understand that any false statements, misrepresentations, or omissions on this application, my resume, or any other La Esperanza Clinic document shall be considered a sufficient basis for rejection of my application and for dismissal if hired regardless of when discovered. In the event of my employment, I agree to conform to the rules and regulations of the Clinic and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to by the Clinic without notice. I understand this application will be given every consideration, but its receipts do not imply that I will be employed. I also understand that if I am employed, my employment will be *at-will*, meaning that employment may be terminated by me or the Clinic for any or no reason, with or without cause at any time. I further understand that nothing in this application is to be considered in any way as a contract of employment.

I hereby authorize La Esperanza Clinic, Inc. to conduct any investigation it deems necessary regarding my application. I also hereby authorize the Clinic to gather and release information about me, together with their opinion of these matters without liability for any damage whatsoever caused either directly or indirectly by giving or receiving such information or opinions. I authorize any former employer, present employer, schools, colleges and universities, personal reference and/or any other person or persons, to disclose to the Clinic any information or opinions they may have concerning me, my character, or my employment record. I hereby unconditionally release the Clinic, and former employers, their agents and employees, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure, including liability arising from negligence.

I understand that the Clinic may, in the course of its investigation of my application, obtain an investigative consumer report on me, as defined in the Fair Credit Reporting Act, and I understand that such report may include information as to my character, general reputation, personal characteristics, working skills, and abilities, and mode of living. I understand that the Clinic is required to furnish me upon proper request and within a reasonable time, according to the law, the nature and scope of the investigation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(This application will not be considered unless signed.)