

# TEXAS BIOMEDICAL RESEARCH INSTITUTE

P.O. Box 760549 (7620 NW Loop 410 at Military Drive), San Antonio, Texas 78245-0549

## APPLICATION FOR EMPLOYMENT

(Please complete using Adobe Acrobat Reader or print out and complete in own handwriting with ink)

Texas Biomedical Research Institute is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, sex, age, national origin, disability, or any other characteristic protected by federal or state laws or local ordinances, except as otherwise permitted by law. Texas Biomedical Research Institute prohibits any form of workplace harassment or misconduct.

## PERSONAL INFORMATION

Last Name First Middle Initial			Email Address		Date
Street Address		City/State/Zip		Home/Cell Telephone	
Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever previously applied for or been employed with Texas Biomedical Research Institute: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Position held or applied for: _____ If previously employed: _____ Month _____ Year					
Reason for leaving: _____					
Do you have friends or relatives employed by Texas Biomedical Research Institute? If yes, provide name(s), position(s), department(s): _____					
Indicate your availability for work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			Are you at least 21 years of age: <input type="checkbox"/> Yes <input type="checkbox"/> No		
What hours / days can you work:			Pay expected (we must have a general idea of your requirements):		
If your application is considered favorably, when can you begin work?					
Do you plan to engage in other work while employed by Texas Biomedical Research Institute: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please indicate employer, position and days/hours of the week employed:					
Please state all languages (including English) that you speak, read and write proficiently:					
		Speak		Read	
		Write		Comments:	
English				_____	
_____				_____	
_____				_____	

### EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate School				___ Yes ___ No	
College				___ Yes ___ No	
Business/Trade/Technical				___ Yes ___ No	
High School				___ Yes ___ No	

### CERTIFICATION / LICENSE / REGISTRATION

Do you currently hold all professional or trade licenses/registrations required for the position for which you have applied: \_\_\_ Yes \_\_\_ No

If yes, provide credential/license, issuing organization or state agency, and expiration date:

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Has any certification/license ever been denied, revoked, suspended or otherwise restricted by the issuing governmental agency or organization: \_\_\_ Yes \_\_\_ No

If yes, please provide information on certification/license action, date, organization or governmental authority and nature of action:

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Employer name and address	Position(s) held	Primary duties	Salary	Reason for leaving
Employer Name: Address: City: State: Zip Code: Telephone: (    ) Date From:            Date To:				Resigned with notice Terminated Quit without notice Laid Off Other (specify below)
Employer Name: Address: City: State: Zip Code: Telephone: (    ) Date From:            Date To:				Resigned with notice Terminated Quit without notice Laid Off Other (specify below)
Employer Name: Address: City: State: Zip Code: Telephone: (    ) Date From:            Date To:				Resigned with notice Terminated Quit without notice Laid Off Other (specify below)
Employer Name: Address: City: State: Zip Code: Telephone: (    ) Date From:            Date To:				Resigned with notice Terminated Quit without notice Laid Off Other (specify below)

**PROFESSIONAL REFERENCES**  
(Provide 3 Professional/Work – no relatives please)

Name	Phone Number	Best Time to Call	Relationship to You
1.			
2.			
3.			

Texas Biomedical Research Institute requests references regarding work history, conduct and suitability for employment. May we contact your present or former employers at this time?

Yes  No

**CRIMINAL HISTORY**

If you are among the final candidates being considered for a position, or if you receive a conditional offer of employment, you will be asked to answer questions regarding any past criminal history. If you refuse to answer, or falsely answer the criminal history questions, you will not be further considered for employment.

**DRIVING RECORD**

The following section must be completed only if you are applying for a position that would require operation of a motor vehicle for work purposes (whether owned by Texas Biomedical Research Institute or you.)

Driver's License No. \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Provide any additional information you believe will assist Texas Biomedical Research Institute in considering your application, including membership in professional or civic organizations, specialized training, apprenticeships or other qualifications.

\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION PROCESS**

This application will be actively considered for the positions listed for no more than 180 days after submission to Texas Biomedical Research Institute. Applicants desiring to be considered for other positions, or after this time period has expired, should submit another application. Texas Biomedical Research Institute may not interview all applicants for a vacancy. Those applicants to be interviewed will be contacted by Texas Biomedical Research Institute.

**APPLICANT VERIFICATION**

I certify that all the information set forth in the employment application and all exhibits and résumés submitted to Texas Biomedical Research Institute are true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application or exhibits and résumés submitted to Texas Biomedical Research Institute will result in rejection of this application or dismissal, if hired, regardless of the date of discovery.

I authorize all persons and organization, including not limited to my former and present employers and personal references, to provide Texas Biomedical Research Institute and its agents with complete information they may have concerning my character, employment record and suitability for employment with Texas Biomedical Research Institute. I authorize Texas Biomedical and its agents to inquire about and obtain my academic records from educational institutions. I authorize the investigation of all statements contained in this application and accompanying documents, and release from liability all persons or employers supplying such information. I also release Texas Biomedical Research Institute from all liability that might result from making the investigation. I understand that I must sign a separate authorization for any criminal record check conducted under the federal Fair Credit Reporting Act.

I understand that this application does not constitute an offer of employment or an employment agreement with Texas Biomedical Research Institute. I further understand that employment at Texas Biomedical Research Institute is at will and based upon mutual consent. Either Texas Biomedical Research Institute or I can terminate any employment relationship with or without prior notice or cause. I understand that no employee of Texas Biomedical Research Institute, other than the President, has any authority to enter into any contract or create any employment relationship other than at will.

I understand that if I am hired by Texas Biomedical Research Institute, I will be required to complete a Federal I-9 form and provide documentation verifying my right to live and work in the United States.

Any conditional employment offer by Texas Biomedical Research Institute is subject to my successful completion of all employment prerequisites, including, but not limited to, verifying employment and professional references, licensure or certification, and successful completion of a criminal record check and a post-offer, pre-hire medical examination and drug screen.

This position may require participation in a medical monitoring and surveillance program to include hepatitis B or other inoculations.

If hired, I will comply with all policies, codes, rules and procedures of Texas Biomedical Research Institute which apply to my employment or position.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR TEXAS BIOMEDICAL RESEARCH INSTITUTE USE ONLY**

**REFERENCE CHECKS**

Employer/Personal	Name/Person Contacted	Results
1		
2		
3		
4		

**INTERVIEW COMMENTS**

Comments
Interviewer: _____ Date: _____