



NORTH TEXAS HEALTH CARE LAUNDRY COOPERATIVE ASSOCIATION

SECTION I – PERSONAL INFORMATION (Please make all answers complete and accurate)

An Equal opportunity Employer and Non-Smoking Facility

Date of Application: ___/___/___ Social Security Number: ___-___-___

Last Name: _____ First Name: _____ Middle Name: _____

Current Address:
Street No. _____

City _____ State _____ Zip Code _____

Home Phone#(____) _____ How long have you lived at this address: _____

If less than 2 years, please list previous address:

Position Desired: _____ Department: _____

Shift Desired: (Indicate 1st, 2nd, 3rd choice) ___ Full time ___ Part time ___ Call in ___ Temporary ___ Day ___ Night ___ Swing ___ Evenings

Are you available for weekend work? ___ Yes ___ No

Date Available: _____

Will you be able to work the days and hours required for the position (s) for which you are applying? _____

Have you ever been employed by NTHCL? ___ Yes ___ No Dates: _____

Disposition: _____

Do you have any relative(s), or persons with whom you are involved in a close personal relationship, employed by NTHCL Cooperative? ___ Yes ___ No

Name: _____ Relationship: _____

Contact name in case of emergency: _____ Phone Number: (____) _____

*We do comply with the Age Discrimination in Employment Act. This information is used when requesting a consumer report. To assist us with our recruitment efforts, we track the source of our applicants. Certain types of referral sources are not given preference over others. Please indicate which referral source most influenced your decision to apply for employment with us. Please be specific. Check only one.

Job listing at NTHCL / walk-in Advertisement Dallas Morning News Other: _____

Current Employee: Name: _____ Department: _____

Name: _____ Department: _____

SECTION II – EMPLOYMENT INFORMATION

Are you at least 18 years of age? Yes No

Do you currently have unrestricted work authorization allowing you to accept employment in the U.S.? Yes No

Have you been convicted of a violation of any law or ordinance other than a traffic violation (juvenile delinquency, youthful offender and wayward minor excluded)?

Yes No

If yes, please explain: _____

Are you charged with an unresolved criminal charge: (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)

Yes No

If yes, please explain fully: _____

(PLEASE NOTE: A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT)

PROFESSIONAL POSITIONS ONLY:

Please indicate professional memberships, certificates or licenses held (exclude those indicated race, color, religion, sex, sexual orientation, national origin, physical or mental disability, or labor organization affiliations). Supplement this information by written attachment if applicable.

If yes, please explain fully: _____

How many days were you absent in the last two years (without leave)?

Have you ever been discharged (fired, laid off, etc.) from a job? Yes No

If yes, please explain fully: _____

Note: A yes answer to these questions does not automatically disqualify you for employment. The nature and date and the type of job for which you are applying will be considered.

SECTION III – EDUCATION

Education	NAME AND ADDRESS OF SCHOOL	COURSE STUDY	# OF YEARS ATTENDED	List Degree /Diploma
High School			1 / 2 / 3 / 4	
College			1 / 2 / 3 / 4	
Technical or Business School			1 / 2 / 3 / 4	

OFFICE SKILLS (Optional unless applying for a position which requires these skills.) Check all that apply:

Typing Speed _____ PC Transcription from dictating equipment

Software packages (please list): _____

Other Skills: Please list any other job related skills that relate to the position (s) for which you are applying:

North Texas Health Care Laundry Cooperative Association

Name

Address

Phone Number

Name

Address

Phone Number

I agree that the information contained on this application is true and correct. I understand that omission, misrepresentation or falsification of information is grounds for withdrawal of any job offer or for immediate discharge. I understand that employment is contingent upon receipt of satisfactory references, an employment physical, and proof of identity and authorization to work in the United States. Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application for employment. If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

I know the North Texas Health Care Laundry Cooperative Association; hereinafter call "Cooperative" will test applicants as part of the physical to see if they use drugs or controlled substances. This includes drugs, which are sold illegally. This also includes drugs or controlled substances, which are sold legally but are obtained illegally. This includes even prescriptions or over the counter medication which are not use for their intended purposes or in a manner other than prescribed or by the intended person. I know that the test can tell if drugs or any controlled substances are in my system. I understand that the test is done by testing my urine. I also know that a laboratory selected by the "Cooperative" will do the urine testing. They will send the results only to certain Personnel resources employees. I also know that if I don't agree to this test for drugs or controlled substances, the "Cooperative" will not consider hiring me. Also, if my test comes out positive for drugs, employment will be denied or terminated and I know I can't reapply for a job at NTHCL for six (6) months.

I also understand that employment is at-will, and that I or the "Cooperative" may terminate the employment relationship at any time, with or without notice, and with or without reason. No statement on this application constitutes, or is to be construed as a contract.

Signature: _____ Date: _____

I have made application for employment with the North Texas Health Care Laundry Cooperative Association and authorize my current and former employers to release to the "Cooperative" all information in accordance with your company policy. In consideration thereof, I also release you, my former (or current) employer, and your agents, from any and all liability, claim, damage or cause of action, which may arise directly or indirectly from, or out of compliance with, this request.

Signature: _____ Date: _____



APPLICATION DISCLOSURE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a *consumer report*+ may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procurement of a *consumer report*+ in connection with your application for employment and anytime thereafter.

Date _____ Applicants (printed) Name: _____

Applicants Signature: _____

Social Security Number: _____

*Date of Birth: _____

*for consumer reports only

+ A *consumer report* may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying

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