



**EQUAL OPPORTUNITY EMPLOYER.** It is the policy of Texas Back Institute to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, sex, marital status, sexual orientation or physical or mental disability, except where reasonable, bona fide occupation qualification exists.

PLEASE TYPE OR PRINT IN INK. Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # (Optional) \_\_\_\_\_

Address \_\_\_\_\_ How Long at Current Address? \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

Check the following options you would consider \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

If part time, specify hours or days \_\_\_\_\_

What is your minimum salary requirement? \_\_\_\_\_ Date available for work \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? \_\_\_\_\_

**EDUCATION AND TRAINING**

	School Name	City and State	Degree/Major Course of Study	Degree Received	
High School				Yes <input type="checkbox"/>	No <input type="checkbox"/>
College				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Graduate School				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trade School				Yes <input type="checkbox"/>	No <input type="checkbox"/>

List any other education, training, special skills or certificates/licenses that you possess related to the job \_\_\_\_\_

List any machines, equipment or software programs on which you are qualified and experienced in operating \_\_\_\_\_

List any languages that you fluently speak \_\_\_\_\_ Read/write \_\_\_\_\_

Do you have a valid driver's license in this state? \_\_\_\_\_ Yes \_\_\_\_\_ No

Military experience? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what branch? \_\_\_\_\_

Rank at separation \_\_\_\_\_

**GENERAL INFORMATION**

Can you, after employment, submit verification of your legal right to work permanently in the U.S.? \_\_\_ Yes \_\_\_ No

Are you 16 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No If under 18, state age \_\_\_\_\_

List any relatives working for Texas Back Institute.  
\_\_\_\_\_

During the last ten years, have you ever been convicted of, pled guilty to or received probation, deferred adjudication or any other type of alternative method of supervision or correction for a felony or a misdemeanor having a penalty of imprisonment or a fine of over \$500? (Answering yes is not an automatic bar to employment, but will be considered in relation to specific job requirements) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all work experience beginning with the present or most recent (use back of application, if necessary).

NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE ( )		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT? _____ YES _____ NO	WAS EMPLOYMENT? ___ PART TIME ___ FULL TIME		

BRIEF DESCRIPTION OF DUTIES

REASON FOR LEAVING \_\_\_\_\_ LAST SALARY \_\_\_\_\_

**EMPLOYMENT HISTORY (Continued)**

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NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE ( )		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT? ___ YES ___ NO	WAS EMPLOYMENT? ___ PART TIME ___ FULL TIME		

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BRIEF DESCRIPTION OF DUTIES

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LAST SALARY

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ADDRESS	CITY	STATE	ZIP
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MAY WE CONTACT ? ___ YES ___ NO	WAS EMPLOYMENT ? ___ PART TIME ___ FULL TIME		

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BRIEF DESCRIPTION OF DUTIES

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REASON FOR LEAVING

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LAST SALARY

**BUSINESS REFERENCES**

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION/ASSOCIATION	PHONE
1.		( )
2.		( )
3.		( )

Person to be notified in case of emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin or disability.)

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**AGREEMENT (Please read the following statement carefully)**

I hereby affirm that the information provided on this application (and accompanying résumé, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying résumé, if any) to give Texas Back Institute any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Texas Back Institute from liability for any damage that may result from furnishing same to Texas Back Institute.

I understand that Texas Back Institute will provide workers' compensation insurance coverage for its employees. In the event of any injury in the workplace, I agree that my sole remedy lies in the coverage under Texas Back Institute's workers' compensation insurance policy.

If employed by Texas Back Institute, I agree to abide by the policies and procedures of Texas Back Institute, which includes Texas Back Institute's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at any discretion of Texas Back Institute.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Texas Back Institute for its use. I understand that positive drug or alcohol results may preclude my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_