

Submit Online Application

Self Identification Details

Qualified applicants are considered for and treated during employment without regard to race, color, religion, national origin, citizenship, age, marital status, ancestry, physical or mental disability, medical condition, veteran status, sexual orientation or gender identity.

Solely to help us comply with federal and state Equal Employment Opportunity record keeping, and other legal requirements, we invite you to complete the following information.

Please note that completion of this information is voluntary. Refusal to complete this information will not subject you to adverse treatment. The information you provide is confidential and will be kept separate from your other applicant information. This information will be used for data reporting requirements and will not be considered in making any employment decisions.

*Gender:

Ethnic Group

Find First 1 of 1 Last



[Add Ethnic Group](#)

I decline to provide my self identification details.

Terms and Agreements

I certify that the forgoing information is true and correct to the best of my knowledge.

I understand that any misrepresentation or willful omission of facts shall be cause for rejection of this application or termination of employment.

I hereby authorize Texas Children's to contact prior employers, schools, or references.

I have given and authorize said employers, schools, or references to make full response to any inquiries made by Texas Children's in connection with this Application for Employment, including police records.

I understand that under the Fair Credit Reporting Act, a consumer report may be made in connection with my Application for Employment.

I further understand that public record information may be obtained as part of a consumer report for employment purposes. Items of public record include but are not limited to, arrests, indictments, and convictions.

I understand that as a condition of employment, I will be required to undergo a scheduled health assessment as it relates to my ability to perform my job duties.

I understand that I will be requested to submit to a test for the presence of certain non-prescribed or prohibited substances in my urine.

I further understand that a positive test may result in the revocation of an offer of employment.

I agree to observe all rules, regulations, policies and procedures of Texas Children's.

I understand that Texas Children's retains the right to terminate my employment at any time for any lawful reason, with or without notice.

I further understand that employee handbooks, policy manuals, or other Texas Children's communications to employees are not to be construed as creating a form of contract or an employment agreement between Texas Children's and myself.

I agree to these terms

I do not agree to these terms