

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability,

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
Advertisement	Relative	Inquiry
Employment Agency	Friend	Other

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number (voluntary)				

Best time to contact you at home is: : am / pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date

Have you ever been employed with us before? Yes No
If Yes, give date

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment Yes No

Date available for work What is your desired salary range?

Are you available to work: Full Time (please indicate 1 2 3 shift)
Part Time (please indicate Mornings Afternoon Evenings)
Temporary (please indicate dates available ___/___/ __-- ___/___/___)

Can you travel if a job requires it? Yes No

Have you ever been convicted of, or do you have an adjudicated sentence for, any violation of the law other than minor traffic violations? Yes No
Conviction will not necessarily disqualify an applicant from employment.

NOTE TO APPLICANTS:

Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY.

OTHER QUALIFICATIONS
Summarize special job-related skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer #1		Dates Employed			Work Performed
		From	To		
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					

Employer #2		Dates Employed			Work Performed
		From	To		
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					

Employer #3		Dates Employed			Work Performed
		From	To		
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					

Employer #4		Dates Employed			Work Performed
		From	To		
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					

SPECIALIZED SKILLS

(Check Skills / Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Production/Mobile Machinery (list)	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC / MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or protected status:

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

REFERENCES

1	()
NAME	PHONE
ADDRESS	
2	()
NAME	PHONE
ADDRESS	
3	()
NAME	PHONE
ADDRESS	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

NOTICE TO PROSPECTIVE EMPLOYEES

As per the Immigration Reform and Control Act of 1986 (S. 1200), all new employees are required to provide documents that provide proof of employment authorization and identity, (i.e. Social Security Account Number Card and driver's license or similar document issued for the purpose of identification by a state). Alternate documents may be accepted as per regulations.

For insurance purposes, driving records will be checked on all employees that are required to drive as stated in their job description and job duties. If an employee is deemed uninsurable, employment may be terminated.

The names of all prospective employees are cleared through the Texas Department of Public Safety to determine the existence of criminal records. Consistent with the Texas Health and Safety Code, convictions of criminal offenses which constitute an absolute bar to employment are:

Criminal homicide; kidnapping and unlawful restraint; indecency with a child; sexual assault; aggravated assault; injury to a child, elderly individual or disabled individual; abandoning or endangering a child; aiding suicide; agreement to abduct from custody; sale or purchase of a child; arson; robbery; aggravated robbery; a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements above; and a conviction which occurred within the previous five years for: assault that is punishable as a Class A misdemeanor or as a felony; burglary; theft that is punishable as a felony; misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony; or securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony.

A revoked status listing in the Nurse Aide Registry or an unemployable status listing in the Employee Misconduct Registry will make you ineligible for employment at the Center.

Falsification of the application for employment is grounds for dismissal, if employed.

All prospective employees must pass a drug and alcohol test upon hire. Refusal to take the test or a positive test will result in the termination of the hiring process or the withdrawal of any conditional offer of employment.

I understand and give my permission as part of the pre-employment process to Central Plains Center to verify any criminal history information available on me, check my status listing with the Nurse Aide and Employee Misconduct Registries, check my driving record with the Department of Motor Vehicles, and verify my job history and reference information stated on my application/resume.

My Texas Driver's License # is: _____

Applicant Signature

Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Central Plains Center
Agency Name (Please print)

Carmen Laymon
Agency Representative Name (Please print)

Carmen Laymon
Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	