



# Heart of Texas

## REGION MHMR CENTER

110 S 12<sup>th</sup> Street/ P.O. Box 890  
 Waco, Texas 76703  
 (254) 752-3451 Fax (254) 714-0420  
 www.hotrmhmr.org

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. Heart of Texas Region MHMR Center is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or veteran status. You may make copies of this application if applying for more than one position, but each copy must have an original signature. Resumes will not be accepted in lieu of applications, but may be attached to become a part of the application. This application becomes public record and is subject to disclosure.

### PERSONAL

Last Name		First	Middle	Date
Street Address		E-mail Address		Home Phone
City		State	Zip	If no answer call #:
List any other name(s) used if different from name given on this application:				Social Security No.
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Have you resided outside the State of Texas within the past 2 years?  Yes  No If yes, where? \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No Number \_\_\_\_\_ State \_\_\_\_\_

Are you eligible for employment in the United States?  Yes  No

### Employment Desired

1 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice:	Date Available:	Salary Requirement:
Will you accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary		Work Shifts: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Any	
Have you previously worked at Heart of Texas Region MHMR Center? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please indicate: Month and year employed: _____ Position held: _____ Previous Supervisor: _____			
How did you hear about this position? <input type="checkbox"/> MHMR posting <input type="checkbox"/> Walk-in <input type="checkbox"/> Job Fair <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Other		Are you related to any employee of the Center or board member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Names and relationship: _____	

Volunteer Experience: List all applicable volunteer experiences you have had.

**SPECIAL SKILLS/QUALIFICATIONS:** List all special skills that you possess and machines or office equipment that you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc...

SIGN LANGUAGE:  Yes  No If yes, are you certified?  Yes  No If yes, what level? \_\_\_\_\_

Do you speak a language other than English?  Yes  No If yes, what language(s)? \_\_\_\_\_

Level of fluency:  Fair  Good  Excellent

**EDUCATION (Applicants will be required to provide proof of diploma, degree, transcripts, licenses, certifications & Registrations, PLEASE ATTACH TO APPLICATION)**

Highest Grade Completed:				Did you graduate/achieve GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School	Name & Location of School	Major/Minor	# years completed	Did you graduate?	Type of Degree or Diploma	Year Received
Undergraduate Colleges or Universities				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate Schools				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical, Vocational or Business Schools				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

**LICENSE/CERTIFICATION**

Type of License	Licensing Agency	State Issued In	License Number	Expiration Date

**MILITARY (A copy of a report of separation from the Armed Services may be required)**

Branch of Service: \_\_\_\_\_ Period of Active Duty (Month & Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Describe your duties and any special training: \_\_\_\_\_

\_\_\_\_\_

Type of Discharge Status: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Are you a surviving or orphan of a veteran?  Yes  No If yes, dates of service for veteran: \_\_\_\_\_

**PRE-EMPLOYMENT CRIMINAL HISTORY CLEARANCE**

The existence of a criminal record does not automatically bar you from Center employment. The Heart of Texas Region MHMR Center does not discriminate in its employment on the basis of previous conviction. In some instances, however, we need to be aware if you were **convicted** of certain offenses when considering you for **certain** types of jobs. We ask that you complete these questions:

Have you ever been convicted of a criminal offense?  Yes  No  
 Have you ever received deferred adjudication for a criminal offense?  Yes  No

If you answered "Yes", please provide details of dates, nature of offense, name and location of court and disposition of the case. A conviction may not disqualify you from employment, but a false statement will.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1. EMPLOYMENT HISTORY (Please give accurate, complete full-time & part-time employment record for the PAST 10 YEARS. Start with present/most recent employer. Please attach additional sheets if necessary.)**

Company Name:			Telephone:		
Address		City	State	Zip	
Name of Supervisor			Title		
State your Job title: & describe your work:			Reason for leaving:		

**2.**

Company Name:			Telephone:		
Address		City	State	Zip	
Name of Supervisor			Title		
State your Job title: & describe your work:			Reason for leaving:		

**3.**

Company Name:			Telephone:		
Address		City	State	Zip	
Name of Supervisor			Title		
State your Job title: & describe your work:			Reason for leaving:		

**4.**

Company Name:			Telephone:		
Address		City	State	Zip	
Name of Supervisor			Title		
State your Job title: & describe your work:			Reason for leaving:		

Please explain any gaps in employment: \_\_\_\_\_

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact Employer #: \_\_\_\_\_ Reason: \_\_\_\_\_

Do not contact Employer #: \_\_\_\_\_ Reason: \_\_\_\_\_

**REFERENCES (Do not list relatives)**

Name and Occupation	City, State, Zip	Telephone
1.		
2.		
3.		

I certify that the information given by me in this application for employment is true, accurate, and complete. If employed, I acknowledge the following:

**CLIENT ABUSE/NEGLECT AFFIDAVIT:**

I certify that I have not received a confirmation by the Department of Protective and Regulatory Services nor any other investigator with respect to any allegation of abuse, neglect, or exploitation naming me as the perpetrator.

**EMPLOYMENT-AT-WILL**

I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and/or prior notice, except as required by law. I further understand that no representative of HOTRMHMR, other than the Board of Trustees or the Executive Director, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

**MOTOR VEHICLE REPORT**

If my position is authorized and/or required to operate agency-owned vehicles or my personal vehicle in the performance of job related duties, I must maintain a clear driving record for insurance purposes and if I am not insurable, I may be denied employment and/or terminated if already employed. Liability insurance is required if consumers will be transported by personal vehicle.

**PRE-EMPLOYMENT DRUG SCREENING:**

I understand that I must take and pass a pre-employment drug test that screens for illegal drugs and controlled substances prior to appointment; remain free of illegal drugs, alcohol and abusive levels of prescription drugs at work; and comply with the Drug and Alcohol Use/Abuse policy. I also understand that substance abuse testing may be required if there is reasonable suspicion.

**CRIMINAL HISTORY BACKGROUND CHECK:**

My record for criminal conviction will be checked through the Texas Department of Public Safety. I understand that it is my responsibility to report any current or future arrests, indictments, deferred adjudication, and convictions for any offenses to the Human Resource Department of the Center. I further understand, that if I have resided outside the State of Texas 2 years preceding employment with HOTRMHMR, my record for criminal conviction will be checked through the Federal Bureau of Investigation. If the TDPS and/or the FBI report indicates a conviction for any barred offense and/or a conviction which may be a contradiction to my employment with this agency, I may be terminated immediately, if employed.

**EMPLOYMENT AUTHORIZATION:**

I understand that I will be required to provide legal proof of authorization to work in the U.S.

I hereby authorize Heart of Texas Region MHMR to investigate my past and current employment, education, criminal history, including but not limited to clearinghouse databases to include TDHS Employee Misconduct Registry, TDHS Nurse Aide Registry, and the Department of Public Safety.

I hereby authorize former employers and other persons with knowledge of my background, education, previous employment, or experience release any and all information to Heart of Texas Region MHMR or its designee. I understand any information collected during such investigation will be confidential and I will NOT be given access to the information. I further release all such parties from all liability from any damages.

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. Any misstatement or omission of fact on this application, or failure to abide by the above stated actions, or policies and procedures of the Center shall be considered cause for termination of employment if employed or for my application to be rejected for employment consideration.

**This application for employment must be signed.**

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

\_\_\_\_\_  
Date

<b><u>For Employer's Use Only</u></b>	
Test Administered _____	
Pass/Fail _____	Date Received _____

## Heart of Texas Region MHMR Center EEO DATA

*Heart of Texas Region MHMR Center is fully committed to the concept and the practice of equal opportunity. You are invited to submit this information on a voluntary basis and refusing to provide it will not subject you to any adverse treatment. This information does not become a part of the hiring process, nor will the information be considered by those involved in the hiring process. This data is being collected under EEO monitoring requirements.*

Last Name	First	Middle	Date
Date of Birth	Position Applied for		Social Security No.
Sex <input type="checkbox"/> male <input type="checkbox"/> female	Where did you learn about this job? <input type="checkbox"/> TWC <input type="checkbox"/> Newspaper <input type="checkbox"/> HF employer <input type="checkbox"/> Job Fair <input type="checkbox"/> Agency Web Site – Internet <input type="checkbox"/> Other		
Are you a veteran? <input type="checkbox"/> yes <input type="checkbox"/> no	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native		

**White** (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black** (not of Hispanic origin) – All persons having origins in any of the black racial groups of Africa.

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**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 information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment 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

Heart of Texas Region MHMR  
Agency Name (Please print)

Jill Van Zee  
Agency Representative Name (Please print)

  
Signature of Agency Representative

\_\_\_\_\_  
Date

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