

NOTICE TO APPLICANT

AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

Thank you for your interest in employment at The Center for Life Resources. Please take a few minutes to read the following information as it pertains to requirements for possible employment.

- **If you wish to apply for more than one position, please complete the entire application leaving the section on the first page entitled (Position Applied For) blank. When you give your application to the Human Resources Staff, please indicate which positions you wish to apply for. You will need to provide the title and the job number that is posted on the job board in the hallway. Copies are in trays on table.**
- **An application must be completed in its entirety in order for you to be considered for employment. However, you may submit a resume along with your application.**

NOTICE TO PROSPECTIVE EMPLOYEES

The names of *all* prospective employees are cleared through the Texas Department of Public Safety to determine the existence of any arrest or conviction records. Convictions related to any sexual offense, drug related offense, murder, theft, assault, battery or other crime involving personal injury or threat to another person may make you ineligible for employment for positions in direct contact with Center consumers. Falsification of the application for employment is grounds for dismissal, if employed.

Texas Department of State Health Services requires that *all* prospective employees be processed through the Texas Department of Human Services Employee Misconduct Registry and the Nurse Aide Registry. *Service providers are prohibited from employing or contracting with anyone who is identified in either of these registries as having abused, neglected, or exploited a consumer enrolled in a program covered by these registries.*

The Center for Life Resources requires a request for a driving record of all employees be processed through the Texas Department of Public Safety. Our policies and procedures state that persons with poor driving records may be ineligible for employment in positions which require driving a Center vehicle. A poor driving record is defined as follows or an accumulation of 4 points:

1. **Two or more at-fault accidents in the last three years**
2. **More than three moving violations in the last three years.**
3. **One or more violations for driving while intoxicated (DWI) or driving under the influence (DUI) in the last three years or two in the past six years.**
4. **Two or more incidents involving both an at-fault accident and a moving violation in the past three years.**
5. **Two or more motor vehicle insurance violations in the last three years.**
6. **Any drug offense**
7. **All MVR's that come back with a status of DENIED, CANCELLED, SUSPENDED, or REVOKED.....AUTOMATICALLY EXCLUDED**

THIS LIST IS NOT ALL INCLUSIVE. A COMPLETE LIST ALONG WITH THE POINTS CHARGED CAN BE VIEWED IN THE HUMAN RESOURCES OFFICE.

As a condition of employment, all newly hired employees are required to complete a urine test (drug screening) for substance or chemical dependency before beginning work or training. This policy requires applicant's name printed, signature and date affixed to the consent form attached to this application. If consent form is not signed, application will not be processed.

Revised 06/01/06

CTMHMR dba
The Center for Life Resources
 Equal Opportunity Employer
Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position Applied For (Include title and position number)					Date of Application	
Last Name		First Name			Middle Name	
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number			
			/ /			

Please provide the name of the person referring you for this position. _____
 _____.

Applicants under 18 years of age **must provide proof of eligibility to work.**

Have you ever been employed with us before? (Please circle one) YES NO
 If yes, give dates _____

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?
 Proof of citizenship or immigration will be required upon employment.

(Please circle one) YES NO

What date would you be available for work? _____

Are you available to work: Full-time Part-time Shift Work Temporary (Please circle one)

Please indicate days/hours you are **unable or unwilling** to work. _____

Can you travel if a job requires it? (Please circle one) YES NO

Do you have relatives currently working for The Center for Life Resources or who is a member of the Board of Trustees of The Center for Life Resources?

(Please circle one) YES NO

If yes, list names, relationship and place employed, or if a board member: _____

Please list any languages, other than English, that you speak, read and/or write fluently: _____

Has it ever been confirmed that you engaged in abuse/neglect or violated the rights of a consumer of MHMR services?

(Please circle one) YES NO

If yes, please explain, providing dates: _____

Have you ever been discharged or asked to resign because of unsatisfactory conduct or performance of duties?

(Please circle one) YES NO

Do you have a **current Texas Driver's License**? (Please circle one) YES NO

Have you been convicted of a felony within the last 7 years? (Please circle one) YES NO
Conviction will not necessarily disqualify an applicant from employment.

If yes, please fully explain: _____

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
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.

Employment Experience

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

Employer	Dates of Employment		Type of Work Performed
	From	To	
Address			
Phone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title		Name of Supervisor	
Reason for Leaving			

Employer	Dates of Employment		Type of Work Performed
	From	To	
Address			
Phone Number(s)	Hourly Rate/Salary		
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	From	To	
Address			
Phone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title		Name of Supervisor	
Reason for Leaving			

Employment Experience Cont'd

Employer	Dates of Employment		Type of Work Performed
	From	To	
Address			
Phone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title		Name of Supervisor	
Reason for Leaving			

(If you need additional space, please continue on a separate sheet of paper).

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 other protected status:

Additional Information

Other Qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

References (Cannot be a family member)

1.	_____ () _____
	(Name) (Phone)

	(Address)
2.	_____ () _____
	(Name) (Phone)

	(Address)
3.	_____ () _____
	(Name) (Phone)

	(Address)

Have you ever used any name other than the name used on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge and ability.

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

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 I may resign at any time and the Center for Life Resources may discharge me 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 the Executive Director of this Center.

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 policies and procedures of this Center and will make myself fully aware of those rules and regulations.

I also understand that any offer of employment is conditional pending the results of a criminal history background check; results of the Texas Department of Human Services Employee Misconduct Registry and Nurses Aide Registry, the results of a controlled substance testing and my driving record.

I fully understand that anyone desiring employment with the Center for Life Resources, but fails or refuses to submit to, and complete all of the above named pre-employment testing processes, or who fails to pass the above mentioned testing, is hereby deemed as unsuitable

Signature of Applicant Date

THE CENTER FOR LIFE RESOURCES
P. O. BOX 250
BROWNWOOD, TEXAS 76804
325/646-9574
EQUAL OPPORTUNITY EMPLOYER

Applicant's Consent for Controlled Substance Testing

I understand that if I am selected for employment by The Center for Life Resources I will be required to complete a controlled substance urine screening for substance abuse or chemical dependency. I understand that if I decline to take such a test, my employment will be immediately terminated.

If the test is confirmed as positive, the results will be reported to the Human Resources Department. Continuation of employment will be contingent upon my being found free from illegal substance abuse. The only exception will be for the use of legally prescribed medications taken under the direction of a licensed physician.

I hereby agree and consent to make myself available for a substance abuse screening test if I am selected for employment.

Printed Name

Date

Signature

Supplemental Data Sheet

Disclaimer: This information does not become a part of the hiring process, nor will the information be considered by those involved in the hiring process.

Name: _____ / _____
Last First Middle Today's Date

How did you learn about this job? _____

Social Security #: _____ / _____ / _____ Male () Female ()

Check Only One:

- () White (but not of Hispanic origin)
- () Black (but not of Hispanic origin)
- () Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)
- () Asian or Pacific Islanders
- () American Indian or Alaskan Native
- () Other (Please specify) _____

Please check: Are you a veteran? () yes () no

Position applied for (list title and position number) _____

Date of birth _____

Signature: _____

*THE CENTER FOR LIFE RESOURCES
P. O. BOX 250
BROWNWOOD, TEXAS 76804*

An Equal Employment Opportunity Employer

CTMHMR dba

Center for Life Resources

Behavioral Health Care Services

408 Mulberry
P. O. Box 250
Brownwood, Texas 76804
325-646-9574

RELEASE OF INFORMATION

I have recently submitted an Application for Employment to The Center for Life Resources (Central Texas MHMR) and wish to provide authority for a full disclosure of my past employment, work and school record.

I hereby authorize _____ as my former employer, or repository of record, and their agents to answer any and all questions and to release or provide any information within their knowledge or records and to disclose fully any and all facts relative to my employment within those records including performance issues, usage of leave time, and any and all disciplinary, adverse or discharge actions taken.

My employment/schooling dates were as follows:

From _____ to _____.

My position was _____.

Contact Person/Supervisor _____

I hereby authorize any representative of my former employers for which I have worked or schools I have attended to answer any and all questions about my freeing them of any liability for releasing any truthful information about me that is within their knowledge and/or records.

Please accept this document as your authority to release the requested information either in writing, by phone, or by FAX to the Department of Human Resources, The Center for Life Resources, FAX #325/646-2567.

Applicant's Signature

Date

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