

**NOTICE TO APPLICANT**  
***AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED***

Thank you for **being** interested in employment at the Center for Life Resources. Please take a few minutes to read the following information regarding requirements for possible employment.

- If you wish to apply for more than one position, please complete the entire application, leaving the section blank on the first page entitled (Position Applied For). Then, when you give your application to the Human Resources Staff, please indicate which positions you wish to apply for. In addition, you will need to provide the title and the job number posted on the job board in the hallway. Copies are in trays on the table.
- An application must complete the entire application for you to be considered for employment. You may submit a resume along with your application.
- Applicants under eighteen (18) years of age **must provide proof of eligibility to work.**

**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 employment application 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 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 to 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 that 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. In the past three years, two or more incidents have involved an at-fault accident and a moving violation.
5. Two or more motor vehicle insurance violations in the last three years
6. Any drug offense
7. All MVRs that come back with a status of DENIED, CANCELLED, SUSPENDED, or REVOKED are 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 must complete a urine test (drug screening) for substance or chemical dependency before beginning work or training. This policy requires the applicant's name to be printed, signature, and date affixed to the consent form attached to this application. The application will not be processed if the consent forms are not signed.

*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 (Title and Position Number):

Date of Application:

Name (Last, First, Middle):

Address (Street City State Zip Code)

Telephone Number(s)

Email

Social Security Number

The person referring you for the position:

**Answer the following questions completely:**

Yes	No	Have you ever been employed with us before?
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If yes, what dates?

Yes	No	Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <i>Proof of citizenship or immigration will be required upon employment.</i>
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What date would you be available for work?

Are you available to work? (Please select one)

Full-Time

Part-Time

Shift Work

Temporary

Please indicate the days/hours you are **unable or unwilling** to work:

Yes	No	Can you travel if a job requires it?
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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? <u>If yes, list names, relationships, and places employed, or if a board member:</u>
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Please list any languages other than English that you speak, read and/or write fluently:

Yes	No	Has it ever been confirmed that you engaged in abuse/neglect or violated the rights of a consumer of MHMR services? (If yes, please explain, providing the dates.):
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Yes	No	Have you ever been discharged or asked to resign because of unsatisfactory conduct or performance of duties?
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Yes	No	Do you have a <b>current Texas Driver's License</b> ?
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Yes	No	Have you been convicted of a felony within the last seven (7) years? A conviction will not necessarily disqualify an applicant from employment.) If yes, fully explain:
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**Education**

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate or 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 assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or another 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		
	Starting	Final	
Job Title:		Name of Supervisor	

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Address:			
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	Starting	Final	
Job Title:		Name of Supervisor	
Reason for Leaving			

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 another protected status:

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)**

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Yes	No	Have you ever used any name other than the name used on this application? If yes, please list:
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**Applicant's Statement**

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

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

I 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. I understand this "at will" employment relationship may not be changed by any written document or conduct unless the Center's Executive Director specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information in my application or interview(s) may result in discharge. I also understand that I must 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, 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 who fails or refuses to submit to and complete all of the above-named pre-employment testing processes or who fails to pass the testing mentioned above is deemed unsuitable for employment.

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

\_\_\_\_\_  
*Date*

**CENTER FOR LIFE RESOURCES**

Post Office Box 250  
Brownwood, Texas 76804  
(325) 646-9574

*Equal Opportunity Employer*

**Applicant's Consent for Controlled Substance Testing**

I understand:

- If I am selected for employment by The Center for Life Resources, I will be required to complete a controlled urine screening for substance abuse or chemical dependency. I understand that my employment will be immediately terminated if I decline to take such a test.
- The results will be reported to the Human Resources Department if the test is confirmed as positive. Continuation of employment will be contingent upon my being 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.

If I am selected for employment, I consent to make myself available for a substance abuse screening test.

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*Printed Name*

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*Signature*

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*Date*

## 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 Number:	Male:	Female:	Nonbinary:
<i>Check Only One:</i>			
	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)		
Yes	No	Are you a veteran?	
Position applied for (list title and position number):			
Date of birth:			
Signature:			

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

My employment/schooling dates were as follows:

From \_\_\_\_\_ to \_\_\_\_\_.

My position was \_\_\_\_\_.

Contact Person/Supervisor \_\_\_\_\_

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

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

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



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*Signature*

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*Date*