



Application for Employment

An Equal Opportunity Employer

INSTRUCTIONS:

Please print in black in or type. Fill out application form completely. If a question is not applicable, enter "NA." Do not leave questions blank. Resumes will not be accepted in place of a completed application. A separate application is required for each position vacancy. Sign and date application when completed. Read page 4 for more information.

Name _____ Social Security No. _____
(Last) (First) (MI)

Mailing Address (Current) _____
(Street) (City) (State) (Zip Code)

Phone No. _____ Alternative Phone No. _____

List any other names used if different from name given on this application. _____

Driver's License No. _____
State Number

List exact title of position which you wish to apply: _____

Full-time Part-time Other _____ Date available to work _____

EDUCATION

Select Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? Yes No

Type of School	Name and location of school	Dates Attended				Sem./Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
		From		To			Yes	No			
		Mo	Yr	Mo	Yr						
Undergraduate Colleges or Universities											
Graduate Schools											
Technical, Vocational, or Business Schools											

If a license, certification, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification	Date Issued	Date Expires	License No.	Issuing Authority (city & state)

EMPLOYMENT HISTORY (Start with most recent)

Employer: _____
 Position Title: _____
 Immediate Supervisor: _____
 Mailing Address: _____

 Employer's Phone No.: _____
 Brief description of Job: _____

Starting Date			Leaving Date		
Mo.	Day	Yr.	Mo.	Day	Yr.

Current/Final Salary	Full-time	Part-time	Other

Reason for leaving: _____

Employer: _____
 Position Title: _____
 Immediate Supervisor: _____
 Mailing Address: _____

 Employer's Phone No.: _____
 Brief description of Job: _____

Starting Date			Leaving Date		
Mo.	Day	Yr.	Mo.	Day	Yr.

Current/Final Salary	Full-time	Part-time	Other

Reason for leaving: _____

Employer: _____
 Position Title: _____
 Immediate Supervisor: _____
 Mailing Address: _____

 Employer's Phone No.: _____
 Brief description of Job: _____

Starting Date			Leaving Date		
Mo.	Day	Yr.	Mo.	Day	Yr.

Current/Final Salary	Full-time	Part-time	Other

Reason for leaving: _____

EMPLOYMENT EXPERIENCE *continued*

Name of Employer	Title	Location	Date

May your employer be contacted by MHMR Services for the Concho Valley? Yes No

SPECIAL SKILLS/QUALIFICATIONS

List all special skills you possess and machines or office equipment you can use. _____

Do you speak a language other than English? Yes No Language: _____

MILITARY SERVICES

Dates of Service (From/To) _____ Type of Discharge _____

VOLUNTEER EXPERIENCE

Please list any applicable volunteer experience. _____

Are you currently or have you ever been a volunteer for MHMR Services for the Concho Valley?

Yes No

If yes, please specify the type of program and date of volunteerism _____

OTHER INFORMATION

1. Do you have relatives currently employed with MHMR Services for the Concho Valley? Yes No

If yes, list the name and relationship _____

2. Have you ever been discharged or asked to resign from a job because of unsatisfactory conduct or performance of duties? Yes No If yes, please explain _____

3. Have you ever been convicted by Federal, State, or any other law enforcement authorities for any violation of any Federal, State, County, or Municipal Law, Regulation, or Ordinance? (Do not include anything that happened before your 14th birthday.) Yes No If yes, please explain: _____

PERSONAL REFERENCES

List two-character references other than relatives

Name _____

Address _____

Phone No. _____

Relationship _____

Name _____

Address _____

Phone No. _____

Relationship _____

GENREAL INFORMATION:

If you meet the required qualifications for the position and your application is fully completed it will be forwarded to the supervisor who is responsible for scheduling and conducting interviews. Due to volume of applications received, only applicants selected for interview will be contacted. The Human Resource Department is not involved in the scheduling of interviews. Please do not contact the Human Resource Department to request an interview.

Applications will remain active for three months from date signed. To maintain active status, it is your responsibility to update the application every three months by contacting the Human resource Department by phone.

A copy of your High School diploma, GED, or certified college transcript is not required with submission of your application but is preferred. However, should a job offer be made, we will need immediate proof that you meet the educational requirements. A certified college transcript or copy of High School diploma/GED (whichever applicable) must be in employee file within 60 days to maintain employment.

INELIGIBILITY:

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 individual with a disability; abandoning or endangering a child; aiding suicide; agreement to abduct from custody; sale or purchase of a child; arson; robbery; aggravated robbery; illegal drug offence; 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 of an offense listed above; and felony conviction for theft which occurred within the previous five years. The names of all prospective employees are cleared through the Texas Department of Public Safety to determine eligibility for employment. Falsification of the application for employment is grounds for dismissal. According to the Texas Administrative Code for MHMR Centers, a conviction is defined as: The adjudication of guilt, plea of guilty or nolo contendere (no contest), or the assessment of probation or community supervision for a violation of the Penal Code.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

- I certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.
- I acknowledge that I have read and understand MHMR’s Notice of Insurability. To my knowledge, I do not meet the guidelines to determine me in a “poor driver” status. I authorize MHMR to check my motor vehicle record. I understand that the information concerning my driving record will be used as consideration for employment. If it is determined that I am not insurable through MHMR’s insurance, I will not meet the requirements of the job and may not be hired. If already employed, I may be subject to termination.
- I understand that offers of employment are contingent upon pre-employment drug testing.
- I understand that MHMR Services for the Concho Valley will check with the Texas Department of Public Safety and other organizations for any criminal history in accordance with applicable statutes.
- I understand that should investigation disclose misrepresentation, omission of information or falsification, my application will be rejected, and I will be declared ineligible for employment and if hired, termination.

This application must be signed to be considered for employment.

Signature – Applicant

Date

EEO APPLICANT DATA FORM

MHMR Services is committed to providing equal opportunity in all employment-related activities without regard to race, color, religion, sex, sexual orientation, national origin, age, disability or veteran status. Reasonable accommodation, based on disability or religious observance, will be considered when appropriate. The Center recognizes its affirmative action responsibilities with respect to women, minorities, individuals with disabilities and eligible veterans. **Responses to this form are considered voluntary and the information you provide will be kept confidential and separate from your application for employment, your cooperation is appreciated.**

General Information	<p>Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Initial </div> </p> <p>Gender: ___ Male ___ Female Social Security #: _____</p> <p>Position Applying For: _____ D.O.B.: _____</p> <p>REFERRAL SOURCE: _____ Driver's License #: _____</p>
Disability	<p>_____ I choose to be identified as an individual with a disability because I have a record of or am regarded as having a physical or mental impairment that substantially limits one or more of my major life activities.</p> <p>➤ This information will not be shared with any other sources and will only be used for data collection purposes.</p>
Race/Ethnic Classification	<p>_____ White – A person having origins in any of the original peoples of Europe, North Africa or the Middle East</p> <p>_____ Black – A person having origins in any of the black racial groups Africa</p> <p>_____ Hispanic or Latino – A person having origins of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.</p> <p>_____ Asian Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian sub-continent of the Pacific Islands. This area includes China, Japan, Korea, and the Philippine Islands and Samoa</p> <p>_____ American Indian or Alaskan Native – A person having origins in any of the original peoples of North America.</p>
Veterans/Reservist Status	<p>Check all statements which apply to your current status.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Disabled Veteran</p> <p>_____ Other Protected Veteran</p> <p>_____ Armed Forces Service Medal Veteran</p> </div> <div style="width: 45%;"> <p>_____ Recently Separated Veteran</p> <p>_____ Covered Veteran</p> </div> </div> <p>➤ (See back for definitions)</p>

Signature: _____ **Date:** _____

***Disabled Veteran:** A veteran of the U.S. ground, naval, and air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

***Other Protected Veteran:** A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

***Armed Forces Service Medal Veteran:** A veteran who, while serving on active duty, participated in a U.S. military operation for which Armed Forces service medal was awarded.

***Recently Separated Veteran:** A veteran during the three-year period beginning on the date of such a veteran's discharge or release from active duty in the U.S. military.

***Covered Veteran:** means a veteran as defined in the four veteran categories above.