

## EMPLOYMENT REQUIREMENTS

Before filling out this application, please make sure that you meet the job requirements. If your answer is **NO** to any question please **STOP** filling out this application. Thank You.

(Please answer YES or NO)

1. Are you 21 years old or over? \_\_\_\_\_
2. Are you a non-smoker? \_\_\_\_\_
3. Do you have a High School Diploma, GED Certificate or Required Credentials? \_\_\_\_\_ (Must bring original document)
4. Do you have a valid driver's license and clean driving record? \_\_\_\_\_
5. Are you willing to drive a 15-passenger van and obtain a driving record from the Department of Public Safety? \_\_\_\_\_
6. Is your Criminal Background Record free of any Felony or Assault Convictions? \_\_\_\_\_
7. Are you willing to give Mary Lee Foundation permission to conduct a Criminal Background & Misconduct Check on you? \_\_\_\_\_
8. Do you have the ability to lift without any restrictions? \_\_\_\_\_

I, \_\_\_\_\_ (Please Print) have read the above qualifications for employment and meet the requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### TO PROCESS APPLICATION:

\*You must have your original **Drivers License, Social Security Card, High School Diploma or GED Certificate or Required Credentials.**

### PRE-EMPLOYMENT PROCESS

Criminal Background Check  
Misconduct Check & Nurse Aide Check  
Three References (Work and Personal)  
A Three-Year Driving Record (DPS)  
Orientation Training  
TB Test  
CPR & First Aid

How did you hear about the position? \_\_\_\_\_

## Applicant Instructions

Thank you for your interest in working at our agency. Our people make us successful and the employment process is an important aspect of building our team. We appreciate your application and are glad you have shown an interest in joining our team. This sheet is for your information. Please tear it off and keep it for reference.

Please complete the attached application and authorization for release of information form. Please print all information so it may be easily read. Be certain that such section is completely filled out and that you sign and date the application and the Release of Employment Records. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. Incomplete application will not be considered. As part of this application you will be furnished a job description that will contain the essential functions of the job. If it has not been supplied to you, it is your responsibility to ask for one.

### **PLEASE NOTE THE FOLLOWING:**

*THIS AGENCY DOES NOT SUBSCRIBE TO THE WORKERS' COMPENSATION PROGRAM. WE HANDLE EMPLOYEE INJURIES THAT OCCUR ON THE JOB THROUGH OUR OWN MANAGED CARE APPROACH TO HEALTH BENEFITS. YOU WILL HAVE CERTAIN RESPONSIBILITIES IN THAT REGARD IF YOU ARE EMPLOYED AND WISH TO HAVE SUCH BENEFITS AVAILABLE TO YOU.*

We will keep your application on file for 6 months. Should an appropriate opening occur, your application would be reviewed along with others. If you are among the most qualified applicants for a position, an interview will be arranged. It is not necessary for you contact this office regarding any job openings after you have completed your application. Please notify us in writing if your address or telephone number should change.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools, former employers and licensing/certification agencies, if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, pregnancy, physical or mental disability or age (as defined by law). State law requires that all applicants be subject to a criminal investigation before a final offer of employment.

In addition, Mary Lee Foundation campuses are smoke free environments. In order to qualify for employment, *you must be a non-smoker.*

We appreciate your cooperation.

REVISED 01/09

**MARY LEE FOUNDATION  
APPLICATION FOR EMPLOYMENT**

Date of Application: \_\_\_\_\_

**Personal Information**

Full Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Other Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Are you age 21 or older? Yes [  ] No [  ] If No, hire is subject to approval of the Director or Executive Director.

Have you ever been convicted of a felony? Yes [  ] No [  ] If Yes, please briefly describe the circumstances of your conviction, indicating the date, nature and place of the offense and disposition of the case. (A felony conviction record will not necessarily bar you from employment).

\_\_\_\_\_  
\_\_\_\_\_

**Notify in Case of Emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Employment Desired and Availability**

Position(s) applying for: \_\_\_\_\_ Salary/Wage desired: \_\_\_\_\_

Have you ever been employed with us before? Yes [  ] No [  ] If yes, give dates: \_\_\_\_\_

Date available to work: \_\_\_\_\_ Shift: Day [  ] Evening [  ] Night [  ]

Days you are available to work: S M T W TH F S (please circle)

What are your reason or goals for seeking the position(s) you have indicated? \_\_\_\_\_

\_\_\_\_\_

Do you have transportation? Yes [ ] No [ ]

**Education Skills**

| Education                                | Name of School and Location | Number of Years attended | Did you graduate? Degree obtained | Courses Studied |
|--|-----------------------------|--------------------------|-----------------------------------|-----------------|
| Grammar School                           |                             |                          |                                   |                 |
| High School                              |                             |                          |                                   |                 |
| College                                  |                             |                          |                                   |                 |
| Business, Trade or Correspondence School |                             |                          |                                   |                 |

Describe any experiences, skills or qualifications, which would be of special benefit in the job for which you are applying:

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**Military Service**

US Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Present membership in National Guard or Reserves: \_\_\_\_\_

**Employment Record**

Are you currently employed? Yes [ ] No [ ]

We routinely contact an applicant's current employer for reference checks. Would this pose any particular difficulty for you? Yes [ ] No [ ]

If yes, please explain: \_\_\_\_\_

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## Employment History

(PLEASE LIST YOUR EMPLOYMENT FOR THE LAST 5 YEARS)

### **Current or Last Employer:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Weekly Wages: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

### **Previous Employer:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Weekly Wages: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**Previous Employer:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Weekly Wages: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**Previous Employer:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Weekly Wages: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**Personal References:**

| <u>Name</u> | <u>Telephone</u> | <u>Occupation</u> | <u>Yrs. Known</u> |
|-------------|------------------|-------------------|-------------------|
| 1. _____    | _____            | _____             | _____             |
| 2. _____    | _____            | _____             | _____             |
| 3. _____    | _____            | _____             | _____             |
| 4. _____    | _____            | _____             | _____             |

5. \_\_\_\_\_

Please explain all periods of unemployment: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from employment? Yes [ ] No [ ]

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list the names of any of your relatives currently employed in any Mary Lee Foundation Program.

|    | <u>Name</u> | <u>Relationship</u> | <u>Campus</u> |
|----|-------------|---------------------|---------------|
| 1. | _____       | _____               | _____         |
| 2. | _____       | _____               | _____         |
| 3. | _____       | _____               | _____         |

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The following section must be completed if you are applying for a position, which requires the operation of a motor vehicle, owned or leased by the agency, or if you must use your own vehicle for agency purposes.

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you have auto liability insurance? Yes [ ] No [ ] if Yes, please give name of insurance company and expiration date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked for any reason? Yes [ ] No [ ]  
If Yes, please give date and reason: \_\_\_\_\_

Have you ever been involved in a vehicle accident of any type within the last five (5) years?  
Yes [ ] No [ ] If Yes, give date(s) and the nature and severity of the accident(s).  
\_\_\_\_\_  
\_\_\_\_\_

**Traffic Violation Record**

List traffic citations you have received during the five (5) years preceding the date of this application, and state the disposition of each, such as “dismissed”, “paid fine”, “defensive driving”, etc.

| <u>Date</u> | <u>Type</u> | <u>Disposition</u> |
|-------------|-------------|--------------------|
| _____       | _____       | _____              |
| _____       | _____       | _____              |
| _____       | _____       | _____              |
| _____       | _____       | _____              |

Have you ever been convicted of driving while intoxicated or under the influence of drugs or alcohol?     
\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**NOTE:** If you are hired for a position, which requires driving, you must keep us informed of any changes in your driving record.



Employers in Texas have a legal duty in regard to each employee’s safety. You, your fellow workers’ and our residents’ safety is of utmost importance to Mary Lee Foundation. It is neither beneficial for you nor us to place you in a job where you have a higher risk of injury because of a physical or mental condition. As an Equal Opportunity Employer, we consider applicants for employment regardless of their disabilities; however, in addition to our own requirement, the Americans with Disabilities Act also requires us to make certain that each employee is capable of performing the essential functions of the job. Therefore, you must be honest with us in regard to your personal evaluation as to your abilities to perform, with or without reasonable accommodation, the essential functions as described in the job description.

With or without reasonable accommodation, do you have the physical and/or mental capabilities to perform the essential functions of the job? Yes  No



I certify that all the information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for five (5) years work experience and any relevant training on this application, and that I have not knowingly withheld any fact of circumstance, which would, if disclosed, affect my application unfavorably.

Mary Lee Foundation is hereby authorized to make investigation of my past employment (current employment, if indicated above that this would not pose any difficulty), educational, credit or criminal history through any investigation agencies or bureaus of its choice. I release all relevant parties from all liability damages resulting from furnishing such information.

I understand that an offer of employment and continued employment with the agency is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

If employed by Mary Lee Foundation, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or will be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor.

I have received, read and reviewed the job description of the position for which I am applying and understand that I must be capable of performing the essential functions contained therein. I also understand that my employment may be subject to the completion of the Physical Examination and Mobility Evaluation, and a drug and alcohol screening. I understand that my continued employment may be conditioned upon maintaining a favorable health evaluation and drug/alcohol screening. I also agree that all information concerning said physical examination can be supplied to the authorized agent of this agency, upon their request.

I understand that this is an application for employment and that no employment contract, either expressed or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any reason or no reason, and is subject to change in wages, conditions, benefits and operating policies.

I understand that being a non-smoker on or off Foundation property is a condition of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employment Applicant's Release of Employment Records

I, \_\_\_\_\_, hereby authorize Jo Soto, Administrative Assistant of the Mary Lee Foundation/Southpointe to investigate all facts contained in my application for employment with said agency, and authorize the release of any and all information by my present (if indicated on application that this would not pose any difficulty) and past employers, wherever located, which may be required for a reference check. I further authorize all my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

*A copy of this release shall be as valid as the original.*

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness

**MARY LEE FOUNDATION/SOUTHPOINTE  
APPLICANT QUESTIONNAIRES**

1. What experience do you have working with people with disabilities?

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2. What would you do if you entered a room where two residents were yelling at each other?

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3. Please list five free activities that you would take the residents to:

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

4. What would you do if you were asked to complete a task that you would not enjoy, such as changing a resident's diaper or cleaning a dirty apartment?

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5. Define the following:

a) Abuse

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b) Neglect

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Some of your responsibilities will be: Personal hygiene care, assisting with meal preparation, assisting with transporting residents on activities in the MLF vehicles, and any request made by your supervisor.

The Mary Lee Foundation cares for people that have disabilities and strives to improve their quality of life. We are looking for caring people that are patient, reliable, and willing to provide the necessary services to ensure an excellence quality of life for our residents.

## CRIMINAL HISTORY CHECK PERMISSION FORM

Effective September 1, 1989, the Texas Department of Human Services, by the act of the State Legislature, has been maintained to conduct a Criminal History check on all persons applying for positions that have direct contact with the clients/patients of certain care facilities. Southpointe is obligated to submit relevant data for the investigation of applicants for direct care.

All criminal records thus received are privileged information and may not be released or otherwise disclosed without a court order of the written consent of the person being investigated.

I understand that an offer of employment at Southpointe for such positions must be for temporary employment only, pending the results of the investigation.

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SIGNATURE OF APPLICANT

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DATE

It is the policy of the Mary Lee Foundation that employees will be hired on a probationary status for a minimum period of 3 months.

I understand that my potential for continued employment at Southpointe will be evaluated during this period.

SIGNATURE OF APPLICANT

DATE

**MARY LEE FOUNDATION  
MISCONDUCT REGISTRY PERMISSION FORM**

I give my permission to check for my name on the Registry.

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Signature

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Date

## JOB DESCRIPTION

TITLE: Direct Care Staff  
SUPERVISOR: QMRP/ RN/ LVN  
WORK SCHEDULE: Varies  
QUALIFICATIONS: HS Education / GED  
EXPERIENCE: One year in direct care of mentally handicapped preferred

1. Supervise and assist as needed residents during meal preparation, housekeeping responsibilities, personal hygiene, grooming and other activities as needed.
2. Maintain clinical records as designated by policies and procedures such as, but not limited to; documentation of assigned training classes, physical observation, significant observation notes, and any behavioral management programs.
3. Provide input to individual program planning for assigned residents. Train/instruct residents in areas in individual program plan under the training system established by the QMRP, including supervision of residents in workshop activities.
4. Provide transportation to residents as required.
5. Supervise residents in recreational activities both on campus and off campus.
6. Be responsible during evening hours to contact appropriate administrative staff in case of an emergency.
7. Make written reports of significant incidents occurring during shift.
8. Serve, as an informal advocate for residents and provide individual and apartment needs management.
9. Correct unacceptable behavior and help residents meet the necessary requirements of the house rules.
10. Supervise residents on self-medication.
11. Provide first-aid assistance to all residents and assist in the follow through on medical needs for residents.
12. Complete weekly meal monitoring sheets, assigned chores, and assist with weekly budgets and special requests.
13. Assist in maintaining all necessary supplies for client needs, i.e. grooming supplies, household cleaning supplies, and items needed for staff job duties.
14. Assist in general upkeep and repair of facility such as, but, not limited to: keeping inside of vehicles clean and ensure sufficient gasoline level for next usage, cleaning of facility grounds and/or buildings, and pursuing possible outside resources for resolving noted problems areas.
15. Supervise residents during meal preparation. Staff must be in client's apartment to assist in preparation of any meal.
16. Performs any other duties as assigned by the Administrator/Director.
17. Report suspected abuse & neglect to supervisor immediately (within one hour).

I, \_\_\_\_\_ have read and receive a copy of my "Job Description.

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Employee

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Employer

