

## EMPLOYMENT REQUIREMENTS

**(Please answer YES or NO)**

1. Are you 21 years old or over? \_\_\_\_\_
2. Are you a **NON**-smoker? Yes or No (circle one)
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? \_\_\_\_\_

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

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: \_\_\_\_\_ Email : \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell 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)

Which of these are you interested in? Full-time [  ] Part-Time [  ] PRN [  ]

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

Mary Lee Foundation – Southpointe

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
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: \_\_\_\_\_  
\_\_\_\_\_

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**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 (non-related):**

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

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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?

Yes or No (circle one) 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.

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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.

Do you have the physical and/or mental capabilities to perform the essential functions of the job (with or without reasonable accommodation)? (Are you physically and mentally able to do this job?)

Yes [ ] No [ ]

\_\_\_\_\_



Mary Lee Foundation – Southpointe

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 \_\_\_\_\_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, such as changing a resident's brief 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.

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SIGNATURE OF APPLICANT

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DATE

## Nurse Aide Registry

The State of Texas maintains a registry of all nurse aides who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Department of Aging and Disability Services (DADS).

**Nurse aide registration (certification) activities** are conducted by the NFA (Nursing Facility Administrator) Licensing Branch (512-438-2050) and include:

- approval and monitoring of nurse aide training and competency evaluation programs (NATCEPs); and
- issuance and continuance of nurse aide registrations, including oversight of nurse aide testing development and administration.

DADS also reviews and investigates allegations of abuse, neglect, or misappropriation of resident property by nurse aides. If there's a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry.

All DADS-regulated facilities and agencies are required to check both the Nurse Aide Registry and the Employee Misconduct Registry **before hiring** an individual to determine if the person is listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and is, therefore, **unemployable**. Currently, there are three methods available to perform these required searches:

1. calling DADS' toll-free number at 1-800-452-3934;
2. searching DADS' Sanctions Database  
at <http://www.dads.state.tx.us/providers/NF/credentialing/sanctions/>
3. using DADS' Employability Status Search at <https://emr.dads.state.tx.us/DadsEMRWeb/>

**Nurse aide enforcement activities** are conducted by the Professional Credentialing Enforcement Unit (512-438-5495) and include:

- coordinating due process related to referrals of misconduct by a nurse aide that occur in nursing facilities; and
- entering findings of abuse, neglect, and misappropriation of resident property as appropriate.

Updated: September 8, 2011

## Employee Misconduct Registry

In an effort to better serve and protect facility residents and consumers, the 76th Legislature passed **Senate Bill 967** creating the Employee Misconduct Registry (EMR), as referenced in **Chapter 253 of the Health and Safety Code**. ([PDF](#) | [MS Word](#))

The purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in DADS-regulated facilities and agencies.

DADS-regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry **before hiring** an individual to determine if the person is listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and is, therefore, **unemployable**. Currently, there are three methods available to perform these required searches:

1. calling DADS' toll-free number at 1-800-452-3934;
2. searching DADS' Sanctions Database  
at <http://www.dads.state.tx.us/providers/NF/credentialing/sanctions/>
3. using DADS' Employability Status Search at <https://emr.dads.state.tx.us/DadsEMRWeb/>

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Updated: September 8, 2011

**MARY LEE FOUNDATION  
NURSE AIDE AND MISCONDUCT REGISTRY  
PERMISSION FORM**

I give my permission to check for my name on the Nurse Aid and Employee Misconduct Registry.

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Signature

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Date



JOB DESCRIPTION – SOUTHPOINTE

TITLE: Direct Care Staff  
SUPERVISOR: QIDP/RN/LVN  
QUALIFICATIONS: HS Education/GED/Competency Evaluation  
EXPERIENCE: One year in direct care of persons with disabilities

1. Be awake, alert and available to assist residents at all times.
2. Supervise and assist residents during meal preparation, housekeeping responsibilities, personal hygiene, grooming and other activities as needed, medication leave reports and any behavioral management programs.
3. Complete records as designated by policies and procedures such as, but not limited to; documentation of training classes, progress notes, medication leave reports and any behavioral esmanagement programs.
4. Provide input to individual program planning for residents. Train/instruct residents in areas in individual program plan under the training system established by the QIDP, including supervision of residents in day program activities.
5. Be aware of the approximate location of all residents on assigned building.
6. Safely provide transportation to residents.
7. Supervise and assist residents in recreational activities both on campus and off campus.
8. Contact appropriate administrative staff during evening and night hours as required.
9. Make written reports of significant incidents occurring during shift.
10. Advocate for residents and assist them to maintain clean apartments and homes.
11. Correct unacceptable behavior and help residents meet necessary requirements of the house rules.
12. Supervise residents on self-medication.
13. Provide first-aid assistance to all residents and assist in the follow through on medical needs.
14. Assist consumers to complete documentation such as weekly budgets, special requests and off campus sheets.
15. Assist in maintaining all necessary supplies for client and facility needs, i.e. grooming supplies, household cleaning supplies and office supplies.
16. Assist in general upkeep and repair of facility such as, but, not limited to; keeping inside and outside of vehicles clean and ensuring sufficient gasoline level for next usage, cleaning of facility grounds and/or buildings, and informing appropriate management staff for resolving noted problem areas.
17. Performs any other duties as assigned by the QIDP or Administrator/Director.
18. Report suspected abuse and neglect to supervisor immediately (within one hour).

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

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Employer



**MARY LEE  
FOUNDATION**

## Mary Lee Foundation, Southpointe

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

To: \_\_\_\_\_

### Release of Information

I hereby authorize Mary Lee Foundation, Southpointe to contact any company, person, or educational institution I listed as a past employer, or reference on my application unless I specified I did not want them to. I hereby allow any company, person, or educational institution I listed to disclose any information they may have regarding my qualifications for employment, including but not limited to employment dates, descriptions of my jobs performed, salary and wage rates and any personal attributes.

I agree to release and discharge Mary Lee Foundation, Southpointe and any successors, employees, officers, and directors as well as any company, person, or educational institution I have listed from all claims, liabilities, and causes of action, known and unknown, fixed or contingent for providing or receiving any information regarding my qualifications for employment. This release includes, but is not limited to claims of defamation, libel, slander, negligence, or interference with contact or profession.

Print Name: \_\_\_\_\_

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

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

This release is valid for one year from the date it was signed.

**DPS Computerized Criminal History (CCH) Verification  
(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual’s criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

Rev. 09/2013