

Mary Lee Foundation Rehabilitation Center

EMPLOYMENT REQUIREMENTS:

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.

Are you 21 years old or over? *Yes or No (circle one)*

Are you a NON-smoker? *Yes or No (circle one)*

Do you have a High School Diploma, GED Certificate or Required Credentials? (Must bring original documents)
Yes or No (circle one)

Do you have a valid TX driver's license and clean driving record?
Yes or No (circle one)

Are you willing to drive a 15-passenger van and obtain a driving record from the Department of Public Safety (DPS)?
Yes or No (circle one)

Is your Criminal Background Record free of any Felony or Assault Convictions? *Yes or No (circle one)*

Are you willing to give Mary Lee Foundation permission to conduct a Criminal Background & Misconduct Check on you?
Yes or No (circle one)

Do you have the ability to lift without any restrictions? *Yes or No (circle one)*

I _____ have read the above employment qualifications and meet the requirements.

Signature _____ Date _____

TO PROCESS APPLICATION:

You must provide your original TX Drivers License, SS Card, HS Diploma/GED Certificate or Required Credentials.

PRE-EMPLOYMENT PROCESS includes the following:

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

APPLICANT INSTRUCTIONS

-IMPORTANT-

- *Please read & fill out the application completely.*
- *If a question does not apply, mark with NA; do not leave blank.*

Thank you for your interest in working at the Mary Lee Foundation. 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 each section is completely filled out and that you sign and date the application and the Release of Employment Records. Use the abbreviation "NA" if a particular provision or section in the form is not applicable to you. Incomplete applications 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 WEHANDLE EMPLOYEE INJURIES THAT OCCUR ON THE JOB THROUGH OUR OWN MANAGED CARE APPROACH TO HEALTH BENEFITS. YOU WILLHAVE CERTAIN RESPONSIBILITIES IN THAT REGARD IF YOUARE 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 to 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.

Signature _____

Date _____

MLFRC APPLICATION FOR EMPLOYMENT

Date of Application: _____

Personal Information:

Full Name: _____ Social Security No.: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address:

Address: _____ City _____ State _____ Zip _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

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: _____ (Relationship) _____

Phone: _____

Address: _____ City _____ State _____ Zip _____

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 reasons or goals for seeking the position(s) you have indicated?

Education Skills:

	Name of School & Location?	Number of Years?	Did you graduate?	Area of study/Degree?
High School				
College				
Business or Trade School				
Post Graduate School				

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

Military Service:

US Military or Naval Service: _____ Rank: _____

Date Discharged: _____ Kind of Discharge: _____

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:

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 Employment:

Employer: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Supervisor: _____ From: _____ To: _____ Weekly Wages: _____

Position: _____

Duties: _____

Reason for Leaving: _____

Employment History (continued):

Employer: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Supervisor: _____ From: _____ To: _____ Weekly Wages: _____

Position: _____

Duties: _____

Reason for Leaving: _____

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>Relationship</u>	<u>Yrs. Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Mary Lee Foundation Rehabilitation Center

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.

1. _____

2. _____

How did you hear about the position?

Transportation:

Do you have transportation? Yes [] No []

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:

Company: _____ 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.

Date:	Disposition
_____	_____
_____	_____
_____	_____

Have you ever been convicted of driving while intoxicated or under the influence of drugs or alcohol? Yes [] No []

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 their 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.

Please Read Carefully:

Do you have the physical and/or mental capabilities to perform the essential functions of the job, with or without reasonable accommodation? Yes [] No [] If **No**, please explain: _____

Read carefully and sign at bottom of page:

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* Mary Lee Foundation property is a condition of employment.

Signature: _____ Date: _____

Mary Lee Foundation Rehabilitation Center

Employment Applicant's Release of Employment Records

I, _____, hereby authorize the Human Resources Manager/HR Assistant of the Mary Lee Foundation 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.

Date: _____

Applicant Signature

Witness Signature

Printed Name of Applicant

Printed Name of Witness

Mary Lee Foundation Rehabilitation Center

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. Mary Lee Foundation 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 Mary Lee Foundation for such positions must be for temporary employment only, pending the results of the investigation.

Date: _____

Applicant Signature

Witness Signature

Printed Name of Applicant

Printed Name of Witness

Mary Lee Foundation Rehabilitation Center
EMPLOYEE MISCONDUCT REGISTRY PERMISSION FORM

A person is unemployable in a DADS-regulated facility or agency such as the Mary Lee Foundation if he or she:

1. Is listed on the Employee Misconduct Registry (EMR), or
2. Is revoked on the Nurse Aide Registry, is revoked on the Medication Aide Registry, or
3. Has a criminal conviction that is listed as an automatic bar to employment in Health and Safety Code, Chapter 250
4. Additional automatic bars to employment pursuant to Texas Administrative Code, Title 40, Part I , Chapter 3, Subchapter B, Rule §3.201

My signature below indicates that I have read and understand the registry information and possible bars to employment at a DADS-regulated facility.

I give permission to the Mary Lee Foundation to check for my name in the registries.

Date: _____

Applicant Signature

Witness Signature

Printed Name of Applicant

Printed Name of Witness

[Texas Health and Safety Code, Title 4, Chapter 253, EMR; and Texas Administrative Code, Title 40, Chapter 93, EMR]