



Mary Lee Foundation Application for Employment

Applicant Instructions

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.

Important: Please complete this application in its entirety. Incomplete applications will not be considered. Do not leave any question blank; use the abbreviation "NA" if a particular provision or section in the form is not applicable to you. Please print all information so it may be easily read.

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: 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 will 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 history background check through TxDPS, Employee Misconduct & Nurse Aid Misconduct Registry search through DADS, and an Exclusions List search through both the State and National Office of Inspector General 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.



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Employment Requirements

Before completing this application, please be sure that you meet the job requirements. If you answer **NO** to any of the following questions, please **STOP** filling out this application. Thank you.

Please circle Yes or No

1. Are you 21 years of age or older? **Yes or No**
2. Are you a NON-smoker? **Yes or No**
3. Do you have a High School Diploma, GED Certificate, or Required Credentials? **Yes or No**
4. Do you have a valid TX driver's license and clean driving record? **Yes or No**
5. Are you willing to drive a large van or small bus? **Yes or No**
6. Are you willing to obtain a driving record from the Department of Public Safety (DPS)? **Yes or No**
7. Is your Criminal Background Record free of any Felony or Assault Convictions? **Yes or No**
8. Are you willing to give Mary Lee Foundation permission to conduct a Criminal Background & Misconduct Check on you? **Yes or No**
9. Do you have the ability to lift without any restrictions? **Yes or No**

I _____ (printed name), have read the above employment qualifications and meet the requirements.

Signature _____

Date _____

To process this application, you must provide the following original documents:

- Valid Texas driver's license (required for any employee whose job function involves driving company vehicles.)
- Document(s) from I-9 lists of acceptable documents
- Proof of minimum education requirement or license for desired position

Prior to employment, Mary Lee Foundation must obtain the following for each employee (if applicable):

- Criminal history background check
- Misconduct check & Nurse aide check
- Three reference checks (four for competency evaluation)
- Primary Source Verification of credentials
- Certified Type 2A driving record (TxDPS)
- Valid TB Test
- Current CPR & First Aid certificate
- Completion of orientation and training



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Date of Application: _____

Personal Information:

Full Name: _____ Social Security No.: _____ - _____ - _____

Address: _____ City _____ State _____ Zip _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Mailing Address (if different from above):

Address: _____ City _____ State _____ Zip _____

Are you 21 years of age or older? Yes [] No [] (if **No**, hire is subject to approval of the 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: _____ Relation: _____

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)

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

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



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Education and 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: _____ Reason for 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:



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Employment History: *Please list employment from the last five years starting with your current or most recent job.*

Employer: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Supervisor's name: _____ Ending wage: _____

Job Title: _____ Dates worked, Start: _____ End: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Supervisor's name: _____ Ending wage: _____

Job Title: _____ Dates worked, Start: _____ End: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Supervisor's name: _____ Ending wage: _____

Job Title: _____ Dates worked, Start: _____ End: _____

Duties: _____

Reason for Leaving: _____



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Employer: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Supervisor's name: _____ Ending wage: _____

Job Title: _____ Dates worked, Start: _____ End: _____

Duties: _____

Reason for Leaving: _____

Professional References:

1. Name: _____ Relation: _____

Phone and/or email: _____ Years known: _____

2. Name: _____ Relation: _____

Phone and/or email: _____ Years known: _____

3. Name: _____ Relation: _____

Phone and/or email: _____ Years known: _____

Personal References: *Please do not use relatives*

1. Name: _____ Relation: _____

Phone and/or email: _____ Years known: _____

2. Name: _____ Relation: _____

Phone and/or email: _____ Years known: _____

3. Name: _____ Relation: _____

Phone and/or email: _____ Years known: _____

4. Name: _____ Relation: _____

Phone and/or email: _____ Years known: _____



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Additional Employment Information:

Please explain all periods of unemployment:

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

If **Yes**, please explain:

Are you related to anyone currently employed at Mary Lee Foundation? Yes [] No []

If **Yes**, write the name of the employee: _____

How did you hear about the position? _____

Do you have reliable transportation? Yes [] No []

Driving Record: *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 Mary Lee Foundation, or if you must use your own vehicle while working for Mary Lee Foundation.*

Driver's License Number: _____ State Issued: _____ Exp. Date: _____

Do you have auto liability insurance? Yes [] No [] If **Yes**, please write insurance company and policy expiration date below.

Company: _____ Exp. 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 been involved in a vehicle accident of any type within the last five years? Yes [] No []

If **Yes**, give date(s) and the nature and severity of the accident(s): _____



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Traffic Violation Record: List traffic citations you have received during the five 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.

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:



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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 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: _____



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Applicant's Release of Employment Records

I, _____, hereby authorize Mary Lee Foundation to contact any company, person, or educational institution listed as either 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, but not limited to, dates of employment, descriptions of my duties performed, wage information, and any personal attributes.

I agree to release and discharge Mary Lee Foundation, 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 or 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

This release and/or a copy of this release shall be valid for one year from the date it was signed.

Date: _____

Applicant Signature

Witness Signature

Printed Name of Applicant

Printed Name of Witness



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Criminal History and Sex Offender Check Authorization 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 in direct contact with the clients/residents of certain care facilities. If asked, Mary Lee Foundation is obligated to submit relevant data for the investigation of volunteers in accordance with State licensing regulations.

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, _____, give permission to Mary Lee Foundation to use my personal information provided below to conduct a criminal history/sex offender background check. I agree to inform Mary Lee Foundation if there is a change in my criminal record after the time the volunteer application is submitted. I certify that the information listed below is true, correct, and complete to the best of my knowledge.

Signature: _____ Date: _____

Name: _____

Other names used (maiden, married, previous, etc.): _____

Date of Birth: _____ Social Security Number: will ask if needed

Race/ Ethnicity: _____ Gender: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Have you lived outside of Texas during the past ten years? Yes [] No []

If **yes**, please provide your previous address(es):

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____



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Employee Misconduct & Nurse Aid Registry Authorization Form

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

1. Is listed on the Employee Misconduct Registry (EMR),
2. Is revoked on the Nurse Aide Registry,
3. Is revoked on the Medication Aide Registry,
4. Has a criminal conviction that is listed as an automatic bar to employment in Health and Safety Code, Chapter 250, or
5. 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]



Mary Lee Foundation
Direct Care Supplemental Questionnaire

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

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

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?



Mary Lee Foundation

Direct Care Supplemental Questionnaire

5. Define the following:

a) Abuse

b) Neglect

Some of your responsibilities will be: Personal hygiene care, assisting with meal preparation, assisting with transporting residents on activities in Mary Lee Foundation vehicles, and other duties as deemed necessary by your supervisor.

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

JOB DESCRIPTION - SOUTHPOINTE

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

1. Be awake, alert and available to assist residents at all times.
2. Must be physically able to perform the duties of the position, including, but not limited to; lifting/carrying at least 50 lbs. (depending on assignment requirements), climbing stairs, bending, stooping, and driving.
3. Supervise and assist residents during meal preparation, housekeeping responsibilities, personal hygiene, grooming, medication leave reports, any behavioral management programs, and other activities as needed.
4. 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 management programs.
5. 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.
6. Be aware of the approximate location of all residents on assigned building.
7. Safely provide transportation to residents.
8. Supervise and assist residents in recreational activities both on campus and off campus.
9. Contact appropriate administrative staff during evening and night hours as required.
10. Make written reports of significant incidents occurring during shift.
11. Advocate for residents and assist them to maintain clean apartments and rooms.
12. Correct unacceptable behavior and help residents meet the necessary requirements of the house rules.
13. Supervise residents on self-medication.
14. Provide first-aid assistance to all residents and assist in the follow through on medical needs.
15. Assist consumers to complete documentation such as weekly budgets, special requests and off campus sheets.
16. Assist in maintaining all necessary supplies for client and facility needs, i.e. grooming supplies, household cleaning supplies and office supplies.
17. 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 problems areas.
18. Performs any other duties as assigned by the QIDP or Administrator/Director.
19. Report suspected abuse & neglect immediately (within one hour).

I, _____, have read and receive a copy of my "Job Description."
Printed name of employee

Employee Sig./Date

Employer Sig./Date

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

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