



## APPLICANT EEO DATA FORM

The information requested below is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment.  
**It will be separated from the application upon receipt.**

Last Name _____		First Name _____		MI _____
Social Security Number _____		Position Title/Number _____		
Address _____		City _____	State _____	ZIP Code _____
Home Phone ( ) _____		Work Phone ( ) _____		
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____	<b>Ethnic Origin (Check mark preferred).</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pac-Isl. <input type="checkbox"/> Amer Ind/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Two or more races (not including Hispanic)		
<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Spouse of Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Orphan of Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>HOW DID YOU LEARN OF THIS POSITION VACANCY?</b>				
<input type="checkbox"/> <b>01 - Other Center Employee</b> Name of Employee: _____		<input type="checkbox"/> <b>06 - Newspaper</b> Name of Newspaper: _____		<input type="checkbox"/> <b>11 - Web Site - Specify</b> Name of Site: _____
<input type="checkbox"/> <b>02 - Job Fair</b> _____		<input type="checkbox"/> <b>07 - College/University</b> Career Fair		<input type="checkbox"/> <b>12 - Texas Workforce</b> Commission
<input type="checkbox"/> <b>03 - Professional Publication</b> _____		<input type="checkbox"/> <b>08 - Governor's Job Bank</b> _____		<input type="checkbox"/> <b>13 - HCMHDDC Web Site</b> _____
<input type="checkbox"/> <b>04 - Recruitment Poster/Flyer</b>		<input type="checkbox"/> <b>09 - Human Resource Office</b>		<input type="checkbox"/> <b>14 - Other Method (specify):</b> _____
<input type="checkbox"/> <b>05 - Television</b>		<input type="checkbox"/> <b>10 - Radio</b>		

X \_\_\_\_\_  
Signature - Applicant

\_\_\_\_\_  
Date

**AN EQUAL OPPORTUNITY EMPLOYER**

# HILL COUNTRY MHDD CENTERS

## APPLICATION FOR EMPLOYMENT

Executive Offices  
 819 Water Street, Suite 300 (830) 792-3300  
 Kerrville, Texas 78028 Fax: (830) 792-5771

The Hill Country MHDD Center is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in employment or the provision of services.

**PRINT IN BLACK INK OR TYPE.** Resumes will be accepted, but not in place of completed application. The application will not be considered unless it is signed and all questions are answered. This application becomes public record and is subject to disclosure.

<b>I. GENERAL INFORMATION:</b>		Date: _____	
Position(s) you are applying for:			
Position Number	Closing Date	Have you previously applied here?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
		Have you previously worked here?	
Do you have any relative(s) working at HCMHDDC or serving as a Board of Trustees Member?			
<input type="checkbox"/> yes <input type="checkbox"/> no If Yes, list name(s) and relationship(s): _____			

<b>II. PERSONAL DATA:</b>			
NAME			
(Last)	(First)	(Middle Initial)	(Social Security Number)
ADDRESS			
(Street)	(City)	(State)	(Zip Code)
Home Phone Number	Work or Other Phone Number	E-mail Address (Optional)	
List any other name(s) used during previous employment if different from name listed on this application:			
Are you at least 18 years of age?		Driver's License # _____ State: _____	
<input type="checkbox"/> yes <input type="checkbox"/> no		Expiration Date: _____	
Have you ever been convicted of, or do you have an adjudicated sentence for any violation of the law other than minor traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain in concise detail on an additional sheet of paper, giving the dates and nature of the offense, the name and location of the court and the disposition of the case(s).			

<b>III. EDUCATION:</b>					
High School Diploma:	<input type="checkbox"/> yes <input type="checkbox"/> no	GED Completed?	<input type="checkbox"/> yes <input type="checkbox"/> no	Year:	State:
<u>College/University or Technical College</u>	<u>City/State</u>	<u>Sem. Hours</u>	<u>Degree</u>	<u>Major</u>	<u>Minor</u>
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		

For HR Use: Date and Time Received: _____	Received by: _____
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<b>IV. WORK PREFERENCE:</b>	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time #hours: _____ <input type="checkbox"/> Temporary
Are you willing to work hours other than 8-5? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When will you be available for work?	
What days (if any) are you unavailable to work?	
Are you willing to Travel? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what percent of time?
Geographic preference:	

<b>V. SKILLS, KNOWLEDGE AND ABILITIES:</b>	
Typing Speed _____ wpm	Computer Experience? <input type="checkbox"/> yes <input type="checkbox"/> no
Explain Computer Skills in Detail:	
Other Skills (explain):	
Sign Language <input type="checkbox"/> yes <input type="checkbox"/> no	Are you a certified interpreter? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you speak a language other than English? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, what language?	Write? <input type="checkbox"/> yes <input type="checkbox"/> no

<b>VI. LICENSE, REGISTRATION, OR CERTIFICATION:</b>	
Name of Profession or Trade:	License Number:
Granted by:	State of:
Issue Date:	Expiration Date:
<b>Applicants will be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations if hired for any position with HCMHDDC.</b>	

<b>VII. EMPLOYMENT HISTORY: List your employment history – LAST JOB FIRST</b>			
<i>At a minimum, include all employment for past five years, with emphasis on last two positions.</i>			
<i>If you are currently employed, may we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no</i>			
NOTE: A resume may be attached for additional information, but may NOT be substituted for completion of the following required information.			
<b>If you have more than one month gap in employment, please explain on additional paper.</b>			
A. EMPLOYER:		POSITION TITLE:	
ADDRESS:			
DATES EMPLOYED:	From:	To:	ENDING SALARY:
SUPERVISOR'S NAME & TITLE:			PHONE:
REASON FOR LEAVING:			
DESCRIPTION OF DUTIES: (please be detailed as possible)			

B. EMPLOYER:			POSITION TITLE:
ADDRESS:			
DATES EMPLOYED:	From:	To:	ENDING SALARY:
SUPERVISOR'S NAME & TITLE:			PHONE:
REASON FOR LEAVING			
DESCRIPTION OF DUTIES: (please be detailed as possible)			

C. EMPLOYER:			POSITION TITLE:
ADDRESS:			
DATES EMPLOYED:	From:	To:	ENDING SALARY:
SUPERVISOR'S NAME & TITLE:			PHONE:
REASON FOR LEAVING			
DESCRIPTION OF DUTIES: (please be detailed as possible)			

D. EMPLOYER:			POSITION TITLE:
ADDRESS:			
DATES EMPLOYED:	From:	To:	ENDING SALARY:
SUPERVISOR'S NAME & TITLE:			PHONE:
REASON FOR LEAVING			
DESCRIPTION OF DUTIES: (please be detailed as possible)			

<b>VIII. REFERENCES:</b>			
<b>A. BUSINESS/PROFESSIONAL:</b> List at least two persons who have knowledge of your previous work performance.			
Name	Address	City, State, Zip Code	Phone
Name	Address	City, State, Zip Code	Phone
<b>B. PERSONAL:</b> List at least two persons, other than relatives, who have known you a minimum of one year.			
Name	Address	City, State, Zip Code	Phone
Name	Address	City, State, Zip Code	Phone

**IX. ACKNOWLEDGMENT:**

1. I certify that all the information provided by me on this document is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I hereby authorize Hill Country MHDD Centers to investigate my background, education, and experience. I authorize former employers, former supervisors, and other persons with knowledge of my background, education, or experience to provide any and all information to the Center. I understand any information collected during such investigations will be confidential and I will **NOT** be given access to the information.
3. I also authorize the release of my driving record to HCMHDDC for the purpose of insurability verification. I understand that my employment may be dependent upon qualifying for insurance and having a satisfactory driving record. I also understand that while I am employed with Hill Country MHDD Centers, my driving record will be reviewed on an annual basis.
4. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
5. I understand that my employment is subject to termination at will. Therefore, both Hill Country MHDD Centers and I remain free to choose to end the work relationship at any time for any reason. I understand that this application does not constitute a contract for employment.
6. I understand that I will be required to present proof of education (i.e. diploma, degree, transcripts, licenses, certifications, registrations) if a conditional offer of employment is made; and that offer of employment is conditional based on the clearance of a drug screening, driving record, and completion of Competency Based Training Courses.
7. I fully understand that a conviction for fraud is an automatic bar from employment or volunteer status with HCMHDDC. I authorize HCMHDDC to use my name to conduct pre-employment/pre-assignment clearance through the Health and Human Services Office of the Inspector General computer files.
8. I further understand that a conviction related to any sexual offenses, homicide, theft, assault, battery, or any other crime involving personal injury or threat to another person would bar employment or volunteer status as required by law; that conviction of other types of criminal offenses may be considered a contraindication to employment or volunteer status; and that being listed as revoked in the Nurse Aide Registry or being listed as unemployable in the Employee Misconduct Registry would bar employment or volunteer status with Hill Country MHDD Centers. I authorize HCMHDDC to use my name to conduct a pre-employment/pre-assignment criminal conviction check through the Texas Department of Public Safety computer files and/or the FBI, the Nurse Aid Registry and the Employee Misconduct Registry.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NOTE:** e-mailed applications will be accepted; original application with signature must be mailed to Human Resources

## Pre-Employment Controlled Substance Testing

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To all APPLICANTS:

Pre-employment controlled substance testing is required when an *applicant* receives a conditional offer of employment. If an individual's controlled substance test is verified as positive, the applicant's offer of employment will be rescinded. Applicants may obtain the results of the controlled substance tests by requesting them from the Human Resource Office within 60 calendar days of being notified of the disposition of the employment application. Controlled substance testing is done by chemical analysis of an individual's urine.

An individual fails the controlled substance test if there is positive evidence of a controlled substance or drug metabolite in the urine specimen that is at or above the levels listed in federal guidelines. Controlled substances are marijuana, opiates, phencyclidine (PCP), amphetamines, and cocaine. A positive controlled substance test may be verified as negative by the medical review officer (MRO) if it is determined that legally prescribed medication(s), taken under the direction of a physician, is the cause for the positive test.

*NOTE: If an applicant's confirmatory test results are positive, he or she may request one re-analysis of the specimen. The applicant is responsible for payment of all costs associated with the re-analysis.*

I have read and understand the requirements of the Center's pre-employment controlled substance testing program as described in this form.

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Applicant's Name Printed

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Applicant's Signature

Date

# DPS Computerized Criminal History (CCH) Verification

## (Hill Country MHDD Centers)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification 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.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(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:</b> <b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	