

NOTICE TO ALL APPLICANTS AND VOLUNTEERS

Lakes Regional MHMR Center
Human Resources

Applications for employment will be accepted only for posted vacant positions; check www.lrmhmrc.org, and link to Careers for postings.

Consistent with the Texas Health and Safety Code, §250.006, convictions of criminal offenses which constitute an absolute bar to employment and volunteer status include:

1. criminal homicide (Penal Code, Chapter 19);
2. kidnapping and false imprisonment (Penal Code, Chapter 20);
3. indecency with a child (Penal Code, §21.11);
4. sexual assault (Penal Code, §22.011);
5. aggravated assault (Penal Code, §22.02);
6. injury to a child, elderly individual, or disabled individual (Penal Code, §22.04);
7. abandoning or endangering a child (Penal Code, §22.041);
8. aiding suicide (Penal Code, §22.08);
9. agreement to abduct from custody (Penal Code, §25.031);
10. sale or purchase of a child (Penal Code, §25.08);
11. arson (Penal Code, §28.02);
12. robbery (Penal Code, §29.02);
13. aggravated robbery (Penal Code, §29.03);
14. a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed above; and
15. a conviction which occurred within the previous five years for: (a) assault that is punishable as a Class A misdemeanor or as a felony (Penal Code, §22.01); (b) burglary (Penal Code, §30.02); (c) theft that is punishable as a felony (Penal Code, Chapter 31); (d) misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony (Penal Code, §32.45); or (e) securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony (Penal Code, §32.46).

In addition, the following individuals may not be employed by, assigned volunteer status at or serve as a professional clinical intern at, a facility, local authority, community center or provider:

1. an individual who has been convicted of any of the criminal offenses listed above;
2. an individual who has been convicted of an offense that the facility, local authority, community center, or provider has determined to be a contraindication to employment or volunteer status at that entity;
3. an individual who is listed as revoked in the Nurse Aide Registry; or
4. an individual who is listed as unemployable in the Employee Misconduct Registry.

Consistent with the Texas Government Code, §411.115(e), the facility, community center, or provider shall destroy conviction information from the Texas Department of Public Safety (TDPS) or the Federal Bureau of Investigation (FBI), whether obtained through the department or a private agency, after an employment/volunteer decision has been made or personal action has been taken.

Source Note: TAC TDMHMR Title 25, Part II Chapter 414, Subchapter K §414.504 adopted to be effective February 6, 2002.

LAKES REGIONAL MHMR CENTER APPLICATION FOR EMPLOYMENT



PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly.

- Applications will be accepted only for posted vacant positions; check www.lrmhmrc.org, and link to Careers for postings.
- Fill out application form completely. If questions are not applicable, enter "NA"; do not leave questions blank
- The completed application must be signed and dated.
- You may make copies of this application and enter different position titles, but **each copy must have an original signature.**
- Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice.
- **SUBMIT COMPLETED ORIGINAL APPLICATIONS TO HUMAN RESOURCES AT 400 AIRPORT RD., P.O. BOX 747, TERRELL, TEXAS 75160, OR FAX TO (972) 388-2017.**

PERSONAL INFORMATION

NAME _____ Social Security No. _____ - _____ - _____
(Last) (First) (Middle)

HOME ADDRESS _____ Telephone No. (_____) _____ - _____
(Street) (City) (State) (Zip) (Daytime Phone)

Are you at least 18 years of age? Yes No

Are you legally authorized to work in the United States? Yes No

Exact position(s) applied for: _____ Job Posting No(s). _____

Location of office at which you wish to work? Terrell Sulphur Springs Paris Mt. Pleasant Greenville
 Waxahachie Ennis Corsicana

Are you willing to work: Full Time Part Time Evenings Nights Weekends Temporary

Are you willing to work hours other than 8-5? Yes No If "Yes", what hours? _____

Are you willing to travel? Yes No If "Yes", what percent of time? _____ Driver's License _____
(State) (Number)

What date are you available to start work? _____

Have you ever been terminated from employment? Yes No

Have you ever been convicted of a crime? Yes No If "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. **Note:** Deferred adjudication is treated the same as a conviction. A conviction may not disqualify you, but a false statement will. Lakes Regional MHMR Center may require additional information related to convictions of misdemeanors and deferred adjudication.

EDUCATION (NOTE: Applicants will be required to provide proof of education via diploma, degree, transcripts, licenses, and/or certifications.)

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes No

Name of HS: _____ If "No", did you achieve GED? Yes No

Location of HS: (City & State) _____

| Type of School | Name and Location of School | Dates Attended | | | | Sem./Clock Hours Completed | Graduate | | Expected Graduation Date | Type of Diploma Degree | Major/Minor Field of Study |
|--|-----------------------------|----------------|-----|----|-----|----------------------------|----------|----|--------------------------|------------------------|----------------------------|
| | | From | | To | | | Yes | No | | | |
| | | M | Yr. | M | Yr. | | | | | | |
| Technical, Vocational, or Business Schools | | | | | | | | | | | |
| | | | | | | | | | | | |
| Undergraduate Colleges or Universities | | | | | | | | | | | |
| | | | | | | | | | | | |
| Graduate Schools | | | | | | | | | | | |
| | | | | | | | | | | | |

Name (please print): _____

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

| LICENSE/CERTIFICATION (e.g., LVN, RN, MD LPC, LCMSW, CPA, etc.) | Date Issued | Issued by (State or other authority) | License No. | Location of Issuing Authority (city & state) |
|---|-------------|--------------------------------------|-------------|--|
| | | | | |
| | | | | |

SPECIAL SKILLS/QUALIFICATIONS

List all special skills that you possess (e.g., computer hardware & software, office equipment, etc.):

Do you speak a language other than English? (If required for this position) ___ Yes ___ No

If "Yes", what language(s) do you speak? _____ How fluently? ___ Fair ___ Good ___ Excellent

Do you have any relatives working for this agency? ___ Yes ___ No If "Yes", list the names, relationships, city where employed:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

- I certify that all of the information provided by me in connection with this application, whether on this document or not, is true and complete. I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that Lakes Regional MHMR Center will conduct certain background checks on me, including criminal history and driver's history through the Texas Department of Public Safety and/or the Federal Bureau of Investigation; confirmed incidents of client abuse or neglect through the Texas Department of Mental Health and Mental Retardation; exclusion from Medicaid billing through the Office of the Inspector General/HHSC; inclusion on the Employee Misconduct Registry through the Texas Department of Aging and Disability Services; and listing of revocation of certificates within the Nurse Aide or Medication Aide Registries through the Texas Department of Aging and Disability Services. I further understand that results may preclude employment.
- I authorize any of the persons or organizations referenced in this application to give Lakes Regional MHMR Center any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise,

with regard to any of the subjects covered by this application. I release all such parties from all liability from any damages that may result from furnishing such information to LRMHMRC.

5. I understand that this application will remain active for 60 days, after which I must renew my application in order to be considered for other job openings. I further understand that this application is a public document and is subject to disclosure.
6. **I understand that Lakes Regional MHMR Center operates under the legal doctrine of "Employment at Will", and, within requirements of state and federal law regarding employment, can dismiss an employee at any time, with or without notice, for any reason or no reason. I further understand that this application does not constitute an employment agreement or contract.**
7. I understand that Lakes Regional MHMR Center is an Equal Opportunity Employer, and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.
8. I certify that no offer or promise of employment has been made to me.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experiences should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or most recent position and work back to the beginning of your work history. Include each position held with the same employer.
2. Give a brief summary of your responsibilities, technical and managerial, for each position.
3. For supervisory/managerial positions, indicate the number of employees that you supervised.
4. If you need additional space to adequately describe your employment history, you may copy this employment history form or attach a typed employment history providing the same information in the same format as this application form.

Last Name

First Name

Middle Name

Social Security No.

Current or Most Recent Position:

| | | | | | | | | | | |
|---|---|---|----------|---|---|--|-----------------|---|---|--|
| Position Title: Employer: Mailing Address: City and State/Zip: Employer's Telephone No: () | | | | | | Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. () | | | Full- Time Part-Time Summer Temp/Project Give average number of hours worked per week if part-time _____ | |
| Starting Date | | | End Date | | | Start Salary | Final Salary | Technical Non-managerial Supervisory/Managerial | | |
| M | D | Y | M | D | Y | | | | | |
| M | D | Y | M | D | Y | | | | | |
| Summary of experience: | | | | | | | | | | |
| Specific reason for leaving: | | | | | | | | | | |

EMPLOYMENT HISTORY CONTINUATION

(Attach copies of this form as necessary)

Name (please print): _____

| | | | | | | | | |
|--|---|---|---|---|---|--------------------------------------|-----------------|--|
| Position Title: Employer: Mailing Address: City and State/Zip: Employer's Telephone No: () | | | | | | Immediate Supervisor Name _____ | | Full- Time Part-Time Summer Temp/Project Give average number of hours worked per week if part-time ____ |
| Starting Date | | | | | | Title _____ | | |
| End Date | | | | | | Supervisor's Telephone No. () | | |
| M | D | Y | M | D | Y | Start Salary | Final Salary | Technical |
| M | D | Y | M | D | Y | | | Non-managerial |
| | | | | | | Supervisory/Managerial | | If supervisory, number of employees you supervised _____ |
| Summary of experience: | | | | | | | | |
| Specific reason for leaving: | | | | | | | | |

| | | | | | | | | |
|--|---|---|---|---|---|--------------------------------------|-----------------|--|
| Position Title: Employer: Mailing Address: City and State/Zip: Employer's Telephone No: () | | | | | | Immediate Supervisor Name _____ | | Full- Time Part-Time Summer Temp/Project Give average number of hours worked per week if part-time ____ |
| Starting Date | | | | | | Title _____ | | |
| End Date | | | | | | Supervisor's Telephone No. () | | |
| M | D | Y | M | D | Y | Start Salary | Final Salary | Technical |
| M | D | Y | M | D | Y | | | Non-managerial |
| | | | | | | Supervisory/Managerial | | If supervisory, number of employees you supervised _____ |
| Summary of experience: | | | | | | | | |
| Specific reason for leaving: | | | | | | | | |

APPLICANT EEO DATA FORM

Lakes Regional MHMR Center
Human Resources

The information requested is required for conducting criminal history background checks, as well as for Equal Employment Opportunity purposes. This form will be separated from the application, and this information will not be considered for employment decisions.

| | | | | | | |
|---|------------------------|---|-------------------------------------|-------------------------------|-----------------|----------------------|
| 1. Position & Job No. | 2. Social Security No. | 3. Name (type or print) Last | | | First | Middle |
| 4. Address | | City | State | Zip Code | 5. Phone Number | |
| | | | | | () | |
| 6. Sex | | 7. Birthdate | 8. Ethnic Origin (Circle preferred) | | | |
| Male | Female | | White | Black | Hispanic | Amer.Indian Asian |
| 9. How did you find out about this job? | | | | | | |
| 01-Employee _____ (Name of Employee) | | 05-Newspaper _____ (Name of newspaper) | | 09-Texas Workforce Commission | | |
| 02-Job Fair | | 06- College/University Career Day | | 10-Other (specify) _____ | | |
| 03-Professional Publication | | 07-Governor's Job Bank | | | | |
| 04-Recruitment Poster | | 08-Human Resource Services/Personnel Office | | | | |

X _____
Signature of Applicant Date

AN EQUAL OPPORTUNITY EMPLOYER

AUTHORIZATION FOR RELEASE OF INFORMATION

Lakes Regional MHMR Center
Human Resources

APPLICANTS FULL NAME _____
(Please print and use complete names rather than initials)

As the applicant named above, I authorize Lakes Regional MHMR Center and/or its agents to

1. Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resume, curriculum vitae or biographical sheet submitted by applicant.
2. Obtain information regarding my work habits and skills from my past and present employers, as well as listed or developed references or institutions.
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations.
4. Obtain information from educational institutions concerning my educational record, conduct, and skills.
5. Obtain information concerning my credit history from credit reporting agencies, financial institutions and other sources.

I further authorize all institutions, agencies, companies or persons referred to above to give LRMHMRC and/or its agents all information requested. Under the federal Fair Credit Reporting Act, I understand that I am entitled to know if employment is denied because of information obtained by LRMHMRC from a consumer reporting agency. I understand that I will be so advised and given the name of the reporting agency for more information. I release LRMHMRC and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing information. A copy of this authorization and release shall be as valid as the original.

Applicants Signature

Social Security Number

Street Address

Driver's License # - State
(Photocopy Attached)

City, State, Zip

Date

PRE-EMPLOYMENT SCREENINGS

Lakes Regional MHMR Center
Human Resources

TO: All Applicants

To protect our consumers, Lakes Regional MHMR Center will conduct certain background checks on all applicants for employment and volunteer status, including:

1. Criminal History – Consistent with the Texas Health and Safety Code, §250.006, certain offenses constitute an absolute bar to employment and volunteer status (see attached Notice to All Applicants and Volunteers). LRMHMRC will obtain criminal history record information on all applicants directly from the Texas Department of Public Safety. In addition, criminal history record information must be obtained from the Federal Bureau of Investigation (using fingerprint analysis) for persons hired who have resided outside of the State of Texas at any time during the previous two years.
2. Client Abuse/Neglect - All applicants will be screened for previous termination of employment by Texas Department of Mental Health and Mental Retardation due to a confirmed incident or abuse or neglect against a consumer or consumers. Individuals so terminated because of abuse or neglect will not be eligible for employment or volunteer status.
3. Medicaid Exclusion – Exclusion from participation in the Medicaid program due to reasons involving fraud constitutes an absolute bar to employment and volunteer status. All applicants will be screened through the HHSC OIG database for fraud prevention and detection exclusion.
4. Employee Misconduct – A listing as “unemployable” in the Texas Department of Aging and Disability Services’ Employee Misconduct Registry is a bar to employment and volunteer status. All applicants will be screened for such listing due to a finding of:
 - Abuse
 - Neglect
 - Exploitation
 - Misappropriation of a consumer’s property
 - Misconduct.
5. Revocation of Certification – A listing as “revoked” in the Texas Department of Aging and Disability Services’ Nurse Aide Registry is a bar to employment and volunteer status. All applicants will be screened for such listing due to a finding of:

Name (Print)

Signature

Date

PRE-EMPLOYMENT CONTROLLED SUBSTANCE TESTING

Lakes Regional MHMR Center
Human Resource Services

TO: All Applicants

In accordance with Lakes Regional MHMR Center policy, The Federal Drug Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991, applicants are required to undergo testing.

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 a 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 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.

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 LRMHMRC's pre-employment controlled substance testing program as described in this form.

Name (Print)

Signature

Date

VETERAN'S PREFERENCE FORM

Lakes Regional MHMR Center
Human Resources

Senate Bill 646, 74th Legislature, Regular Session Section 657.002 requires us to give veteran's preference to employment and retention. The following individuals are entitled to veteran's employment preference:

- (a) A veteran qualifies for a veteran's employment preference if the veteran:
 - (1) served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military services for an established service-connected disability.
 - (2) was honorably discharged from military services and
 - (3) is competent

- (b) A veteran's surviving spouse who has not remarried qualifies for a veteran's employment preference if:
 - (1) the veteran was killed while on active duty;
 - (2) the veteran served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law; and
 - (3) the spouse is competent

- (c) A veteran's orphan qualifies for a veteran's employment preference if:
 - (1) the veteran was killed while on duty;
 - (2) the veteran served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law; and
 - (3) the orphan is competent

In this section, "veteran" means an individual who served in the Army, Navy, Air Force, Marine Corps, or Coast Guard or the United States or in an auxiliary service of one of those branches of the armed forces, The individual must have served a minimum of 180 days on active duty (excluding training), of which 90 consecutive days must have been during a national emergency declared in accordance with federal law (defined as Spanish-American War, World War I, World War II, Korean War, and the cold war era – 1955 until present).

Auxiliary service were the women's units (WAF, WAC, WM and WAV).

Are you entitled to veteran's preference? Yes No

Veteran? Yes No DD Form 214 Provided? Yes No

Widow of a Veteran? Yes No DD Form 1300 or Appropriate Documentation Provided? Yes No

Orphan of a Veteran? Yes No DD Form 1300 or Appropriate Documentation Provided ? Yes No

Branch of Service _____

Dates of service: From _____ To _____

Documentation such as a DD Form 214 will be required to substantiate status as a veteran. Orphans and widows of veterans can use a DD Form 1300, set of orders (death), or other official Department of Defense documentation outlining the periods of service and circumstances of death.

Documentation must be provided before veteran's preference can be granted.

Name (Print)

Signature

Date