

# ATTENTION APPLICANT

***INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. In order to expedite the processing of your application please ensure that all information is included.***

**YOU MUST ATTACH A COPY OF THE FOLLOWING INFORMATION:**

1. Valid Texas Driver's License
2. Social Security Card or proof of employment authorization (See Immigration Reform and Control Act of 1986)
3. Proof of liability insurance on at least one personal vehicle. You must be listed as a driver.
4. Proof of education:
  - High School Diploma or GED
  - Professional applicants must include a copy of college diploma(s) and transcript(s)
  - Resume for professional employment
5. Complete only one application and list all position's desired. Applications are active for 90 days, at which time a new application will need to be completed.

You must sign the following attachments:

1. The Application
2. Affidavit
3. Pre-Employment Controlled Substance Testing Explanation
4. EEOC Data Card
5. Acknowledgment of Emergency Appointment
6. Driving Record Release Form
7. Veteran's Preference Form (if applicable)

Bring or mail completed application packet to:

**West Texas Centers for MHMR  
Human Resource Department  
409 Runnels Street  
Big Spring, TX 79720  
Please call (432) 264-2650 if you have questions.**

West Texas Centers for MHMR will conduct a criminal history investigation and requires a pre-employment alcohol and drug screening on all applicants. Failure to pass the screening tests, random or reasonable suspicion testing may be a contraindication to your employment.



Quality Service for Quality Life

Human Resource Department  
409 Runnels Street  
Big Spring Texas 79720  
(432) 264-2650  
Job line 800-687-2769

# Application For Employment

Please print or type. Fill out application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. Sign where indicated. West Texas Centers for MHMR 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. 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. This application becomes public record and is subject to disclosure. To reactivate your application, call or come by Human Resources Office.

Name: \_\_\_\_\_  
Last Name First Name Middle Name Maiden Name

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Position Number(s) applying for:

\_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Are you willing to work hours and days other than 8-5 Monday-Friday?  Yes  No

Are you willing to travel?  Yes  No

If yes, what percentage of time? \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If yes, list name used and date: \_\_\_\_\_

Do you have any relatives working for West Texas Centers for MHMR?  Yes  No

If yes, list name(s) and relationship(s): \_\_\_\_\_

\_\_\_\_\_

Do you have any relatives serving as a Board of Trustee Member?  Yes  No

If yes, list name(s) and relationship(s): \_\_\_\_\_

\_\_\_\_\_

Date available for work: \_\_\_\_\_

If unable to reach you at your home number for an interview, may we call you at your current work phone number?

Yes  No

Have you ever been arrested by federal, state or any other law enforcement authorities for any violation of any federal, state or county or municipal law, regulation or ordinance?  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.

*A conviction may not disqualify you, but a false statement will.*

# Education

High School Diploma or GED?  Yes  No      Date Completed

College/University	City/State	Dates Attended	Graduated	Degree Earned	Major/Minor
			Yes No		
			Yes No		
			Yes No		

# Specialized Skills

Check all skills/equipment/software that apply

<input type="checkbox"/> Typewriter/Word Processor	<input type="checkbox"/> Spreadsheet experience	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Calculator	<input type="checkbox"/> Data entry experience	<input type="checkbox"/> Certified interpreter
<input type="checkbox"/> Computer	<input type="checkbox"/> Speak language other than English	<input type="checkbox"/> Other skills-list below:
<input type="checkbox"/> Windows	What language(s) _____	_____
<input type="checkbox"/> Word	How fluently? _____	_____
<input type="checkbox"/> Excel	<input type="checkbox"/> Excellent	<input type="checkbox"/> Military Service
<input type="checkbox"/> Anasazi	<input type="checkbox"/> Good	List dates of service:
Typing speed:	<input type="checkbox"/> Fair	

# License, Registration or Certifications

Name of profession or trade: _____	Specialty: _____
Granted by: _____	State of: _____
License Registration Valid from: _____ to _____	License Number: _____

# Work References

List two people who have knowledge of your previous work performance.

Name:	Phone:
Name:	Phone:

# Employment Experience

List your employment history in reverse order (LAST JOB FIRST). If you attach a resume, you may elect to print "See Attached Resume" in the "Description of Duties" section. However, you must COMPLETE ALL OTHER INFORMATION for each previous position held. Include all employment history, use additional sheets if necessary. We will contact your current and former employers for references.

Current Employer		Position
Address		Telephone Number(s)
Dates of Employment From: _____ To: _____	Salary	Supervisor's Name
Reason for leaving		
Description of Duties		

Employer		Position
Address		Telephone Number(s)
Dates of Employment From: _____ To: _____	Salary	Supervisor's Name
Reason for leaving		
Description of Duties		

Employer		Position
Address		Telephone Number(s)
Dates of Employment From: _____ To: _____	Salary	Supervisor's Name
Reason for leaving		
Description of Duties		

Employer		Position
Address		Telephone Number(s)
Dates of Employment From: _____ To: _____	Salary	Supervisor's Name
Reason for leaving		
Description of Duties		

I hereby authorize West Texas Centers for MHMR to check my employment record and to make other inquiries deemed necessary in connection with my application for employment. I release present/former employers and all reference sources from any and all liability which may result from such inquiries. I further authorize West Texas Centers for MHMR to reproduce copies of this letter containing my original signature to send to additional previous employers as deemed necessary.

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

# Affidavit

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I authorize any of the persons or organizations referenced in this application to give you 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, and I release all such parties from all liability from any damages which may result from furnishing such information to you. Also I authorize the Center to use my name to conduct a criminal history in accordance with applicable statues. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that my driving record will be checked and proof of liability insurance will be required. Drivers Licensed No. \_\_\_\_\_, Date of Expiration: \_\_\_\_\_ A poor driving record consists of two or more at fault accidents in the last three years (2 points each) ; more than three moving violations in the last three years (1 point each); two or more *no motor vehicle insurance* violations in the last three years (2 points each); one or more *driving while intoxicated (DWI) or driving under the influence (DUI)* in the last three years (4 points each) or two in the past six years, or two or more incidents involving BOTH an at-fault accident AND a moving violation in the past three years (2 points each). Based on a point system, an employee with four or more points (as noted above) is considered a poor driver and not eligible for Center employment.

I understand that if I cannot physically perform essential parts of the job I was hired to perform, that the offer of employment may be revoked. I also understand that a positive result on the drug screening test will cause an offer of employment to be revoked.

I understand that the Center is an at-will employer and retains full rights to discharge any employee from employment at any time, either with or without cause. I further understand that nothing in the Center's Employee Handbook, Human Resources Personnel Operating Instructions Manual or other document or correspondence should be interpreted as implying an employment contract or agreement exists between the Center and any employee.

I understand and accept the fact that if I am hired into an hourly paid position, I will not be eligible for any Center benefits. I understand that all positions are considered "at will" positions, thereby allowing the Center to discontinue the working relationship with the employee at any time without cause. Employment is conditioned upon satisfaction of the requirements of the Immigration Reform and Control Act of 1966 (IRCA). All new employees must sign a form attesting to citizenship and employment eligibility.

Have you ever been terminated or asked to resign because of unsatisfactory conduct or performance of duties?  Yes  No

If yes, explain: \_\_\_\_\_

—

Have you ever had any confirmed allegation of client abuse, neglect or exploitation?  Yes  No  
If yes, explain:

\_\_\_\_\_

—

I certify the statements in this application are true and complete. I understand any false statement may be sufficient grounds for my application to be rejected, or for discharge, if I am already employed by the Center.

\_\_\_\_\_  
Applicants Signature Date

\_\_\_\_\_  
Applicants Name (Please print) Date



## Acknowledgment of Emergency Appointment

I, \_\_\_\_\_, a prospective applicant, hereby certify and acknowledge that I have not been convicted of any offense listed below:

- ◆ criminal homicide
- ◆ arson
- ◆ robbery
- ◆ aggravated robbery
- ◆ sexual assault
- ◆ aggravated assault
- ◆ kidnapping and false imprisonment
- ◆ indecency with a child
- ◆ sale or purchase of a child
- ◆ abandoning or endangering a child
- ◆ injury to a child, elderly individual, or disabled individual
- ◆ aiding suicide

I hereby certify and acknowledge that I have been informed that this is an emergency appointment. I also understand and acknowledge that:

- ◆ a criminal history record check will be conducted by the Texas Department of Public Safety; if the Texas Department of Public Safety report indicates a conviction for any of the above offenses, this will result in immediate termination; and
- ◆ no administrative review is available, unless there is an error of fact or identity in the criminal history record.

I further certify and acknowledge that I have been informed that if the TDPRS report indicates a conviction for any offense not listed above, but which may be a contraindication to my employment at this entity, I may be terminated immediately.

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(Applicant's signature)

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Date



# EEOC DATA CARD

**DISCLAIMER:** This information does not become a part of the hiring process, nor will the information be considered by those involved in the hiring process. This data is being collected under EEOC requirements and is required for statistical purposes only.

Last Name	First Name	Middle Name
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Title of Job Applied For		
Signature	Date	

**Check One:**

**Ethnicity**

- African American
- Asian American
- American Indian
- Hispanic
- White
- Other

**Education-Highest Level Attended**

- Less than high school graduate
- High School graduate or GED
- Some college
- LVN/RN
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate
- Physician
- Other

**Where did you learn about this job**

- Center Employees
- Walk-in
- Professional Publications
- Recruitment Poster
- Newspaper
- TWC
- Job line
- Internet
- Other

- Veteran             Yes    No  
 Disabled Veteran    Yes    No



## PRE-EMPLOYMENT CONTROLLED SUBSTANCE TESTING

In accordance with 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 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 independent testing firm if it is determined that legally prescribed medication(s), taken under the direction of a physician, is the cause for the positive test.

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

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Applicant's Printed Name

Applicant's Signature

Date





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### APPLICANT INFORMATION RELEASE

I hereby authorize West Texas Centers for MHMR to check my employment record and to make other inquiries deemed necessary in connection with my application for employment. I release present/former employers and all reference sources from any and all liability which may result from such inquiries. I further authorize West Texas Centers for MHMR to reproduce copies of this letter containing my original signature to send to additional previous employers as deemed necessary.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY!**

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

The above mentioned person is an applicant for employment for West Texas Centers for MHMR, and has stated he/she is employed or has previously been employed by you. Please provide the following information:

Dates of Employment: \_\_\_\_\_

Title of Position(s) Held \_\_\_\_\_

Would you consider for rehire?  Yes  No

Dependability  Below Average  Average  Above Average

Attendance/Punctuality  Below Average  Average  Above Average

Adherence to Policies and Procedures  Below Average  Average  Above Average

Work Performance  Below Average  Average  Above Average

Additional Comments: (Use back of form if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

Your cooperation and prompt attention are sincerely appreciated. Please return this form to:

Human Resource Department  
West Texas Centers for MHMR  
409 Runnels Street  
Big Spring, TX 79720  
Or  
FAX (432) 264-6610

## IMMIGRATION REFORM AND CONTROL ACT OF 1986

Effective December 8, 1986, all applicants for employment will be required to produce as part of the application process, proof of employment authorization and positive proof of identification.

(A) The following documents are acceptable to evidence both identification and employment eligibility:

1. United States passport (current or expired)
2. Certificate of United States Citizenship
3. Certificate of Naturalization
4. A current Foreign Passport
5. Alien Registration Receipt Card
6. Current Temporary Resident Card
7. Current Employment Authorization Card
8. Current Re-entry Permit
9. Current Refugee Travel Document
10. Current Employment Authorization Document issued by INS

(B) The following documents are acceptable to establish identity only:

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth sex, height, eye color, address;
2. ID card issued by federal, state or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with photograph
4. Voter's registration card
5. U.S. Military card or draft card
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

(C) The following are acceptable documents to establish employment authorization only:

1. U.S. Social Security cards other than a card stating "not valid for employment purposes"
2. Certification of Birth Abroad issued by the Department of State
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID card
6. ID card for use of Resident Citizen in the United States
7. Current employment authorization document issued by the INS



## Release of Information

I, \_\_\_\_\_, hereby authorize the release of my driving record to West Texas Centers for Mental Health Mental Retardation (WTCMHMR) for the purpose of insurability verification. I understand that my employment with WTCMHMR is dependent upon qualifying for insurance and having a satisfactory driving record. I also understand that while I am employed with WTCMHMR my driving record will be reviewed on an annual basis.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE SIGNED