

# APPLICATION FOR EMPLOYMENT SHELTERING ARMS SENIOR SERVICES

A United Way Agency



<b>PERSONAL INFORMATION</b>			
NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER _____	
PRESENT ADDRESS		CITY, STATE, ZIP CODE	
JOB APPLIED FOR <input type="checkbox"/>		TODAY'S DATE	
DO YOU WANT TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		TELEPHONE NUMBER AC ( )	
HAVE YOU EVER BEEN EMPLOYED BY SHELTERING ARMS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH SHELTERING ARMS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHEN	IF YES, WHEN	IF HIRED, WHEN CAN YOU START? <input type="checkbox"/>	DATE
WHAT LANGUAGES DO YOU SPEAK?		WHAT LANGUAGES DO YOU WRITE?	
DO YOU HAVE ADEQUATE TRANSPORTATION TO GET TO WORK IF CALLED IN ON SHORT NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EDUCATION</b> (Please list all education or specialized training which you feel relates to the position(s) applied for, such as schools, colleges, and military training.)			
	SCHOOL NAME, CITY, STATE	YEARS COMPLETED	COURSE OF STUDY
GRADE SCHOOL	_____	(Circle) 5 6 7 8	
HIGH SCHOOL	_____	9 10 11 12	
COLLEGE/ UNIVERSITY	_____	1 2 3 4	
OTHER (Trade School, etc.)	_____	(Specify No. of years completed)	
DO YOU HAVE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD QUALIFY YOU FOR WORK WITH SHELTERING ARMS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, SPECIFY	

<b>EMPLOYMENT HISTORY</b> (List your most recent position first)				
EMPLOYER 1) NAME AND ADDRESS	TELEPHONE NO.	DATES		TYPE OF WORK PERFORMED
		FROM	TO	
SUPERVISOR'S NAME	TELEPHONE NO.	STARTING PAY	FINAL PAY	REASON FOR LEAVING
EMPLOYER 2) NAME AND ADDRESS	TELEPHONE NO.	DATES		TYPE OF WORK PERFORMED
		FROM	TO	
SUPERVISOR'S NAME	TELEPHONE NO.	STARTING PAY	FINAL PAY	REASON FOR LEAVING
EMPLOYER 3) NAME AND ADDRESS	TELEPHONE NO.	DATES		TYPE OF WORK PERFORMED
		FROM	TO	
SUPERVISOR'S NAME	TELEPHONE NO.	STARTING PAY	FINAL PAY	REASON FOR LEAVING
EMPLOYER 4) NAME AND ADDRESS	TELEPHONE NO.	DATES		TYPE OF WORK PERFORMED
		FROM	TO	
SUPERVISOR'S NAME	TELEPHONE NO.	STARTING PAY	FINAL PAY	REASON FOR LEAVING

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY, IF APPLICABLE

HAVE YOU EVER BEEN DISCHARGED FROM A JOB, OR FORCED OR ASKED TO RESIGN?  
 YES  NO - (If yes, please explain)

HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE?  
 YES  NO - (If yes, please explain)

**■ RELEASE OF INFORMATION**

ARE YOU WILLING TO ALLOW SHELTERING ARMS TO CHECK WITH YOUR PRIOR EMPLOYERS AND OTHERS AS NECESSARY TO EVALUATE YOUR APPLICATION?  YES  NO

WHEN CAN WE CONTACT YOUR PRESENT EMPLOYER? ◆

DATE

**CONTACT TELEPHONE NUMBER**

PLEASE PROVIDE A TELEPHONE NUMBER, OR NUMBERS, WHERE YOU MAY BE CONTACTED IF A DECISION IS MADE TO HIRE YOU. ◆

TELEPHONE NO(S).  
 ( ) -  
 ( ) -

**IN CASE OF EMERGENCY NOTIFY**

NAME RELATIONSHIP

ADDRESS

CITY, STATE, ZIP CODE TELEPHONE NO.

**■ PERSONAL REFERENCES (Not former employers)**

NAME	ADDRESS	RELATIONSHIP	TELEPHONE NO.

**■ CONDITIONS AND APPLICANT SIGNATURE**

- 1) I understand that misrepresentations or omissions of facts in this application are cause for cancellation of the application or separation from employment with Sheltering Arms at time of discovery.
- 2) I understand and agree that, if I am hired, either Sheltering Arms or I may at any time terminate employment without any liability. No promise regarding employment is binding upon Sheltering arms, unless the promise is made in writing and signed by the President. I understand that all information that I receive from Sheltering Arms including employee handbooks, policy statements, and similar materials are not now nor shall ever be considered as contracts.
- 3) By filing this application, I authorize Sheltering Arms to obtain personal and medical information from any employer, person, or entity. I waive any rights or claims I have against Sheltering Arms, its employees, agents, and representatives from any and all damages that may directly or indirectly result from the use, disclosure, or release of such information. I also provide this same release, to the same degree, to anyone providing information to Sheltering Arms.

APPLICANT SIGNATURE ◆		DATE SIGNED ◆	
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*Sheltering Arms is an equal opportunity, affirmative action employer which actively seeks and encourages applications from minority, female, and disabled candidates. The Agency will not discriminate on the basis of race, color, religion, sex, national origin, disability, age, or veteran's status. Individuals needing disability-related accommodations to submit an application and/or for interviews should request them in advance.*

## **To The Applicant:**

Interviews for employment are conducted as scheduled, and reference checks and license verifications are conducted on every employee. Mandatory orientation will also be scheduled for each employee. Upon notification that you have been hired, you will receive the scheduled date for orientation. At that time your paperwork will be completed. Please be sure to bring your driver's license, proof of car insurance and pertinent licenses and accreditations.

### **NOTICE TO EMPLOYEES REGARDING VERIFICATION OF EMPLOYABILITY**

By execution of this document, I acknowledge that I have been informed by Sheltering Arms Senior Services, that a criminal history check will be performed on my name. I also understand that the Agency will check the Nurse Aide Registry and Employee Misconduct Registry or to determine if I am employable. I have informed this agency of all names, (i.e., maiden, aliases) that I have used in the past. I understand that I have been employed on a temporary basis pending the results of the criminal history check and if I am not listed on the Employee Misconduct Registry or Nurse Aide Registry as unemployable.

I have not been convicted of any of the following offenses, which constitute a bar to employment for which administrative review is not available,

- An offense under Section 19, Penal Code (Criminal homicide)
- An offense under Section 20, Penal Code (Kidnapping and unlawful restraint)
- An offense under Section 21.11, Penal Code (Indecency with a child)
- An offense under Section 22.011 (Sexual Assault)
- An offense under Section 22.02 Penal Code (Aggravated assault)
- An offense under Section 22.04, Penal Code (Injury to a child, elderly individual, or disabled individual)
- An offense under Section 22.041, Penal Code (Abandoning or endangering a child)
- An offense under Section 22.08, Penal Code (Aiding suicide)
- An offense under Section 25.031, Penal Code (Agreement to abduct from custody)
- An offense under Section 25.08, Penal Code (Sale or purchase of a child)
- An offense under Section 28.02, Penal Code (Arson)
- An offense under Section 29.02, Penal Code (Robbery); or
- An offense under Section 29.03, Penal Code (Aggravated robbery)
- An offense under Section 21.08, Penal Code (Indecent Exposure)
- An offense under Section 21.12, Penal Code (Improper relationship between educator and student)
- An offense under Section 21.15, Penal Code (Improper photography or visual recording)
- An offense under Section 22.05, Penal Code (Deadly Conduct)
- An offense under Section 22.021, Penal Code (Aggravated sexual assault)
- An offense under Section 22.07, Penal Code (Terroristic threat)
- An offense under Section 33.021, Penal Code (Online solicitation of a minor)
- An offense under Section 34.02, Penal Code (Money laundering)
- An offense under Section 35A.02, Penal Code (Medicaid Fraud)
- An offense under Section 42.09, Penal Code (Cruelty to animals)
- 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 offenses listed above.

A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date the person is convicted of:

- An offense under Section 22.01 Penal Code (Assault) that is punishable as a Class A misdemeanor or as a felony.
- An offense under Section 30.02, Penal Code (Burglary).
- An offense under Chapter 31, Penal Code (Theft), that is punishable as a felony.
- An offense under Section 32.45, Penal Code (Misapplication of fiduciary property or property of a financial institution) that is punishable as a Class A misdemeanor or a felony.
- An offense under Section 32.46, Penal Code (Securing Execution of a document by deception) that is punishable as a Class A misdemeanor or a felony
- An offense under Section 37.12, Penal Code (False identification as a peace officer)
- An offense under Section 42.01 (a) (7), (8), or (9), Penal Code (Disorderly Conduct).

For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5 ( c ), Article 42.12, Code of Criminal Procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

I have not had any arrest and/or convictions of rape, attempted rape, aggravated assault, drug use/abuse or sale of drugs.

I acknowledge that if I am found to have been convicted of any other offense(s), that they may cause my employment to be terminated. I understand that all information obtained by this agency regarding any criminal history will remain confidential. I certify that all information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

I \_\_\_\_\_, further more, give Sheltering Arms Senior Services, permission to perform a criminal investigation on me and to contact the Nurse Aide Registry and Employee Misconduct Registry. I understand my employment is contingent upon a favorable result, I have told Sheltering Arms Senior Services management that I have no criminal history and do not have any criminal investigations pending at this time.

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Applicant Signature

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Date

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Printed Name

## EQUAL OPPORTUNITY EMPLOYER (EOE) STATISTICAL DATA

Dear Applicant:

Sheltering Arms Senior Services agency is an equal opportunity employer that is committed to a program of recruitment of females, minority group members, individuals with disabilities, disabled veterans and veterans of the Vietnam Era. To successfully implement this program, Sheltering Arms requests that you provide the following information, which will not be used in evaluating your application for employment.

This data is for statistical analysis and affirmative action only. Completion of this form is voluntary on your part. It is kept separate from your application and plays no part in consideration for employment and will not become part of your personnel file if you are employed. To fulfill our commitment to affirmative action, we would appreciate your supplying the information requested below.

Position/Title Applying for: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

### SEX

- Male
- Female

### RACIAL/ETHNIC GROUP

- White (Caucasian, Not of Hispanic Origin)
- Black (Not of Hispanic Origin)
- Hispanic
- Native American or Alaskan Native
- Asian or Pacific Islander

### HOW DID YOU HEAR ABOUT THIS POSITION?

- www.shelteringarms.org
- Online job posting other than www.shelteringarms.org
- Texas Workforce Commission
- Current Employment
- Friend
- Walk-in
- Newspaper (please specify) \_\_\_\_\_
- Professional publication (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

## INVITATION TO SELF-IDENTIFY

Sheltering Arms Senior Services is a Government contractor subject to section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which require Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, qualified special disabled veterans, and veterans of the Vietnam Era.

We will not discriminate against any employee or applicant because he or she is an individual with a disability, a special disabled veteran, veteran of the Vietnam Era, or other eligible veteran as defined in the Veteran's Employment Opportunities Act of 1998.

If you have a disability, or are a special disabled veteran or veteran of the Vietnam Era and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential and used only in ways that are not inconsistent with the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Act of 1974, as amended, and Veterans Employment Opportunities Act of 1998.

It would assist us if you tell us about any special methods, skills, and procedures which qualify you for a position that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and the accommodation which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodation.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### VETERAN STATUS

Special Disabled Veteran  YES  NO

*(entitled to VA Disability compensation or discharged from active duty for a service connected disability)*

Vietnam Era Veteran  YES  NO

*(served in military service anytime between 8/5/64 and 5/7/75, or in Vietnam between 2/28/61 and 5/7/75)*

Other Eligible Veterans  YES  NO

*(any other veterans who served on active duty during war or in a campaign or expedition for which a campaign badge has been authorized)*

### DISABILITY STATUS

Do you have a disability?  YES  NO

*Disability is described as: 1. physical or mental impairment which substantially limits a major life activity;*

*2. previous record of such an impairment; or*

*3. being regarded as having such an impairment.*

# AUTHORIZATION AND RELEASE/WAIVER OF INFORMATION AGREEMENT

PLEASE VERIFY THAT ALL INFORMATION IS CORRECT!

Applicant Name: _____	Social Security Number: _____ - _____ - _____
Driver License _____ State _____	Date of Birth: _____

RESIDENCES FOR PREVIOUS FIVE YEARS (Starting with current)					
Address: _____	_____	_____	_____	_____	How Long? _____
STREET	APT	CITY	STATE	ZIP	
Address: _____	_____	_____	_____	_____	How Long? _____
STREET	APT	CITY	STATE	ZIP	
Address: _____	_____	_____	_____	_____	How Long? _____
STREET	APT	CITY	STATE	ZIP	

In connection with my employment/application for employment with Sheltering Arms, I fully understand this release acknowledges that Sheltering Arms and/or LIBERTY SCREENING SERVICES, LLP, may now, or at any time while I am employed, conduct a public record(s)/research report containing information for verification of prior employment (including names and dates of previous employers, reason for termination of employment, work experience, accidents, etc.) , academic achievement, financial history, use of a motor vehicle and driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, general background and personal character, from federal, state and other agencies which maintain such records; as well as information from Liberty concerning previous driving record requested made by others from such state agencies, and state provided driving records.

All background information obtained shall be utilized to assist in verification of the employment application and post job offer medical inquiry. Retrieval and usage of this information complies with the Equal Opportunity Commission, Americans With Disabilities Act and the Fair Credit Reporting Act (Laws, Rules and Regulations), as amended 9/30/97. Sheltering Arms is an Equal Opportunity Employer and does not discriminate as to race, color, gender, national or religious origin, age or Americans with disabilities. I hereby declare that the answers to the questions of my application and related paperwork which I have been asked to complete, and any attachments to same, are true and correct and that any misstatements of fact(s) or omission(s) may form the basis for rejection of my application, or for my dismissal after employment.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY LIBERTY SCREENING SERVICES, LLP, TO FURNISH THE ABOVE MENTIONED INFORMATION. I AUTHORIZE A PHOTOSTAT (OR FACSIMILE "FAX") OF THIS RELEASE TO BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL. ALL RESULTS WILL BE PROPRIETARY AND HELD CONFIDENTIAL AND WILL NOT BE PROVIDED TO ANY PARTIES OTHER THAN Sheltering Arms OR ITS LEGAL REPRESENTATIVES. I VOLUNTARILY WAIVE ALL RECOURSE AND RELEASE THE REQUESTED PARTIES FROM LIABILITY FOR COMPLYING WITH THE REQUEST/RELEASE. I AUTHORIZE LIBERTY SCREENING SERVICES, LLP, TO PROVIDE THE RESULTS OF SAID INFORMATION TO Sheltering Arms OR ITS REPRESENTATIVE(S). I FURTHER RELEASE Sheltering Arms AND LIBERTY, AS WELL AS THEIR REPRESENTATIVES, OFFICERS, EMPLOYEES AND AGENTS, FROM ANY AND ALL LIABILITY FROM THE RESULTS AND PREPARATION OF ANY REPORTS CONCERNING MYSELF OR MY BACKGROUND. THE FACTS SET FORTH BY ME IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I have the right to make a request to Liberty, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which Liberty has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from Liberty, and I agree that such information which Liberty obtains, and my employment history with you if I am hired, will be supplied by Liberty to other companies which subscribed to Liberty. I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

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

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

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