

Mental Health Mental Retardation Authority of Brazos Valley



For a Healthy, Happy Tomorrow

CENTRAL ADMINISTRATION
1504 S. Texas Avenue
Bryan, Texas 77802
(979) 822-MHMR
FAX (979) 361-9806

MAILING ADDRESS
P.O. Box 4588
Bryan, Texas 77805-4588

APPLICATION INFORMATION

PLEASE NOTE:

Texas Administrative Code, chapter 414, Subchapter K, and Texas Health and Safety Code, 250.006, requires this center to check conviction records on applicants prior to offering employment with MHMR Authority of Brazos Valley. A conviction is defined as the adjudication of guilt, plea of nolo contendere, or the assessment of probation or community supervision for a violation of the Penal Code. The following convictions make you ineligible for employment:

- criminal homicide, murder, manslaughter or criminally negligent homicide
- kidnapping and unlawful restraint
- terroristic threat
- aggravated assault
- sexual assault, aggravated sexual assault
- deadly conduct
- robbery, aggravated robbery
- arson
- money laundering
- obstruction or retaliation
- Medicaid fraud
- indecent exposure
- continuous sexual abuse of young child or children
- indecency with a child
- abandoning or endangering a child
- agreement to abduct from custody
- sale or purchase of a child
- online solicitation of a minor
- improper relationship between educator and student
- improper photography or visual recording
- injury to a child, elderly individual or disabled individual
- aiding suicide
- cruelty to animals including livestock animals

*assault that is punishable as a Class A misdemeanor or as a felony within the last five years

*burglary within the last five years

*theft that is punishable as a felony within the last five years

*misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony within the last five years

*securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony within the last five years

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 will bar employment.

This is not an all-inclusive list, any additional state or federal laws that may bar employment are applicable.

MHMRABV may determine other criminal offenses for which a conviction may be considered a bar to employment.

Texas Health and Safety Code Chapters 253, 93, 94.10 require this center to check Employee Misconduct Registry for employment status before offering employment with MHMR Authority of Brazos Valley.

FBI checks will be conducted if the applicant has lived any of the past two years out of the State of Texas.

Driving Records are requested from the Texas Department of Public Safety for all employees of the agency. Our policies and procedures state that persons with poor driving records may be **ineligible** for employment.

- Two (2) or more **at-fault** accidents in the last three (3) years.
- More than three (3) moving violations in the last three (3) years.
- Any violation of driving while intoxicated (DWI) or driving under the influence (DUI) in the last 3 years or 2 in the last six years.
- Two (2) or more **no motor vehicle insurance** violations in the last three (3) years.
- Two or more incidents involving **BOTH** an at-fault accident **AND** a moving violation in the past three years.

APPLICATION INSTRUCTIONS

COMPLETING THE APPLICATION

Complete only one application regardless of how many positions you want to apply for.

1. Be sure handwriting is legible, spelling and grammar are correct and all information is complete.
2. Please take time to complete all forms carefully.
 - A. Be sure to include all education, training and work experience for the last 3 jobs or last 10 years. If you need more space, additional sheets will be provided. **YOUR APPLICATION WILL BE EVALUATED ON THE BASIS OF THE INFORMATION YOU PROVIDE.**
 - B. Resumes may be attached to your completed application but not substituted for the application. Incomplete applications will not be processed.
3. Be sure to sign and date the *Applicant's Statement* and the *Release of Information*.
4. Be sure to return the EEO Data sheet with the application even if you elect not to complete it. This is where you indicate which position(s) you are applying for. The information on the EEO Data sheet is not a part of the hiring process but rather it is collected for Affirmative Action monitoring requirements.

Indicate all positions for which you wish to be considered on the EEO Data sheet.

UPDATING APPLICATIONS

1. Contact the Human Resources Department to make minor changes (i.e. new address or phone number) to your application and to be considered for additional positions.
2. Submit a new application if significant changes related to your education or work experience occur (i.e. receipt of degree or other relevant experience).
3. Applications will remain active for consideration for 90 days. If you would like to reactivate your application after 90 days, contact the Human Resources Department.

APPLICATION PROCESSING PROCEDURES

1. IF YOU MEET THE MINIMUM QUALIFICATIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, YOUR APPLICATION WILL BE SENT TO THE HIRING SUPERVISOR. IF THE SUPERVISOR WISHES TO INTERVIEW YOU, YOU WILL BE NOTIFIED BY PHONE.
2. ONLY THOSE APPLICANTS SELECTED FOR INTERVIEWS WILL BE CONTACTED.
3. Applications will not be considered for posted positions if received after the closing date. Because of the volume of applications being received, the Human Resources Department will **not** routinely screen applications on file beyond the 90 days. Only applications submitted for a specific posted position will be screened.

Falsification of any information on this application can also lead to summary dismissal or refusal to hire.

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EMPLOYMENT APPLICATION

Last Name	First	Middle	Social Security # / /	Driver's License No.
Current Address		City	State	Zip Code
Telephone numbers where you can be reached: home ()				other ()
-U.S. Citizen? [] Yes [] No		If no, give status: Type of Visa _____		Alien Registration Number _____
Are you employed now? [] Yes [] No		May we contact your present employer? [] Yes [] No		
Have you filed an application here before? [] Yes [] No		If yes, give date: _____		
Do you have any relatives employed by the MHMRABV or serving on MHMR's Board of Trustees? [] Yes [] No				
Date available to work: _____		Available to work: _____ full _____ part-time _____ temporary		
Have you ever been convicted by federal, state or any other law enforcement authorities for any violation of federal or state law (excluding minor traffic violation)? [] No [] Yes If yes, please describe: _____				
Have you ever had a confirmed allegation of sexual exploitation? [] Yes [] No If yes, please describe: _____				
Are you a veteran of the U.S. military service? [] Yes [] No If yes, please list branch: _____				
Are you on a lay-off and subject to recall? [] Yes [] No				

Have you lived any time during the past two years outside the State of Texas? [] Yes [] No

EDUCATION:

Circle highest grade level completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? [] Yes [] No or receive a GED? [] Yes [] No

Type of School	Name and Location of School	Dates Attended		Graduated	Type of Diploma or Degree	Major Field of Study
		From	To			
College or University						
Technical or Vocational						

Current Licenses/Certifications/Registrations (indicate types and dates received), any special skills you possess or office equipment you can use:

Foreign Languages (list):

Language	Speak			Read			Write		
	Fair	Good	Excellent	Fair	Good	Excellent	Fair	Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VOLUNTEER EXPERIENCE:

Employer	Location	Number of Hours Completed: _____	Work Performed
		Title (if any) _____	
Supervisor:		Phone number: () _____	

MHMR Authority Brazos Valley

Employment Application

Page 2

Employer:		Dates Employed		Title		Starting Base Pay:	
Address:		Phone		To:		Ending Base Pay:	
City	State	Zip	Fr:	Supervisor	Title		
Work Performed:							
Reason for Leaving: Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>							
Employer:		Dates Employed		Title		Starting Base Pay:	
Address:		Phone		To:		Ending Base Pay:	
City	State	Zip	Fr:	Supervisor	Title		
Work Performed:							
Reason for Leaving: Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>							
Employer:		Dates Employed		Title		Starting Base Pay:	
Address:		Phone		To:		Ending Base Pay:	
City	State	Zip	Fr:	Supervisor	Title		
Work Performed:							
Reason for Leaving: Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>							
PERSONAL REFERENCES:							
Name		Address			Phone Number		Relationship

Applicant Statement

I certify that the answers given herein are true, correct and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Authority. I understand if selected for employment, my term of employment is not for any definite period of time.

Signature _____ Date _____
Release of Information Authorized by Applicant

I hereby authorize and request each former employer, person, firm or corporation given as a reference to answer all questions that may be asked and give all information that may be sought concerning me or my work habit, character, skills or my actions in any transaction. I therefore release all parties and persons connected with my request for information from liability for furnishing such information.

Signature _____ Date _____

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Applicant Equal Employment Opportunity Data

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

The information below is being requested for reporting to Federal, State and Equal Employment Opportunity Agencies. It will not be considered as part of the application for employment. It will be separated from your application. Your response is voluntary.

PLEASE FILL IN THE POSITION (S) APPLIED FOR EVEN IF YOU ELECT NOT TO COMPLETE THIS PAGE

Name (Type or Print) Last	First	MI	Social Security Number
Address (Street or P.O. Box)		City	State
			Zip

Phone Number

POSITION(S) Applied For

Male Female

From the following categories, select the one with which you most identify:

- WHITE. (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK. (Not of Hispanic origin) All persons having origins in any of the black racial groups of Africa.
- HISPANIC. All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of race.
- ASIAN OR PACIFIC ISLANDER. All persons having origins in any of the original peoples of the Far East, Indian Subcontinent, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Island and Samoa.
- AMERICAN INDIAN OR ALASKAN NATIVE. All persons having origins in any of the original peoples of North America.

From the following categories, select the one with which you most identify:

- VETERAN. (Other than Vietnam). The individual has served actively in the United State Army, Navy, Marine Corps, Air Force, or Coastal Guard, in a reserve unit of one of these military components, or in the National or Air National Guard of the United States, and was discharged or released under conditions other than dishonorable.
- DISABLED VETERAN. The individual has a disability which entitled him/her to Veterans Administration disability compensation rated at 30 percent or more; or he/she was discharged or released from active military duty because of a disability incurred or aggravated in line of duty.
- VETERAN OF THE VIETNAM ERA. The individual served more than 180 days on active duty with one of the United State Armed Forces (1) in the Republic of Vietnam between Feb. 28, 1961 and May 07, 1975; (2) in all other cases, between Aug. 05, 1964 and May 07, 1975; or he/she met either of the preceding criteria and was discharged or released from active duty for a service-connected disability.
- ORPHAN OF A VETERAN. The individual is a child of a veteran killed while on active duty who had served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and is competent.
- SURVIVING SPOUSE OF A VETERAN. The individual is a surviving spouse, who has not remarried, of a veteran killed while on active duty who had served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and is competent.
- OTHER PROTECTED VETERAN. The individual has served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and have been discharged with other than a dishonorable discharge or have been discharged for an established service-connected disability, and is competent.
- NONE OF THE ABOVE. I have read the above definitions and none of them apply to me.

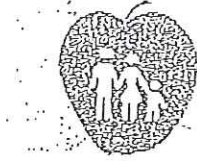
How did you find out about this job?

Job Fair Job Bulletin Newspaper Professional Publication
 Friend Walk-In Internet
 Other _____

Signature

Date

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The attached DPS Computerized Criminal History Check (CCH) Verification form is a state generated form that may not be changed. The form states that for the fingerprinting process you will need to pay a fee of \$24.95 to the fingerprinting services company. This is incorrect for our agency. MHMR Authority of Brazos Valley will pay all fees should you need to have a fingerprint background check done.

DPS Computerized Criminal History (CCH) Verification

MEMMR Authority Brazos Valley

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

MEMMR Authority Brazos Valley

Agency Name (Please print)

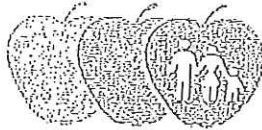
Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES _____ NO _____		_____ initial
Purpose of CCH:	_____	
Hire _____ Not Hired _____		_____ initial
Date Printed:	_____	_____ initial
Destroyed Date:	_____	_____ initial
Retain in your files		

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RELEASE OF INFORMATION

I, _____, hereby authorize the release of my
(PRINT NAME)

driving record to MHMR Authority of Brazos Valley for the purpose of insurability verification. I understand that my employment with MHMR Authority of Brazos Valley is dependent upon qualifying for insurance and having a satisfactory driving record.

I also acknowledge that my information will be used to do background checks necessary for employment, volunteering, or contracting with MHMR Authority of Brazos Valley.

Signature

Drivers License Number

Date of Birth

Date