

APPLICATION FOR EMPLOYMENT

6502 NURSERY DRIVE
VICTORIA, TX 77904-1178



(361) 582-2301 voice
(361) 575-0627 fax
www.gulfbend.org
email: hrm@gulfbend.org

- PLEASE PRINT -

Application Date: _____

Name: _____
Last; First, Middle (Aliases/AKA/Maiden)

Address: _____
Number Street Apt. #
City State Zip Code

Telephone: _____ Social Security No.: _____

Email Address _____

Driver's License #: _____ State: _____

Resume included: ___ Yes ___ No

HRM Office Use:

Position Desired: _____

Program Manager

Acceptable Salary: \$ _____

On what date would you be available for work? _____

Are you available to work: ___ full-time ___ part-time ___ shift work ___ temporary

Do you have any relative employed by Gulf Bend or serving on Gulf Bend's Board of Trustees?

___ Yes ___ No If yes, name: _____ Relationship: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___ Yes ___ No (Proof of citizenship or immigration status will be required upon employment.)

Are you under age 18? ___ Yes ___ No (Many positions require driving. Must be 18 years of age or older to drive in the course and scope of employment.)

Are you a veteran of the U.S. Military service? ___ Yes ___ No If yes, give branch: _____

Do you have prior work experience at any other MHMR? ___ Yes ___ No

If yes, explain: _____

How did you learn of Gulf Bend's job vacancies? (___ News Paper) (___ GBC Web Site)

(___ Friend) (___ Current Employee's Name: _____)

___ Other: _____

Print Name: _____

Resumes accepted with completed application only.
Do **not** respond with "See resume".

EMPLOYMENT EXPERIENCE: Start with your present or last job first. Include employment, military service assignments and volunteer activities. Attach extra pages if necessary.

1. Employer: _____ Dates Employed: _____ to _____
Address: _____ Telephone: _____
City / State / Zip _____
Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Starting Salary: _____ Final Salary: _____
Work Performed: _____

2. Employer: _____ Dates Employed: _____ to _____
Address: _____ Telephone: _____
City / State / Zip _____
Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Starting Salary: _____ Final Salary: _____
Work Performed: _____

3. Employer: _____ Dates Employed: _____ to _____
Address: _____ Telephone: _____
City / State / Zip _____
Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Starting Salary: _____ Final Salary: _____
Work Performed: _____

Special Skills and Qualifications:

Summarize special skills, qualifications and hobbies acquired from employment or other experience.

Print Name: _____

APPLICANT'S AFFIDAVIT

Health and Safety Code, Chapter 250, requires this Center to check conviction records on applicants in direct contact with persons served by Gulf Bend Center once an employment offer is made. Certain convictions may cause an offer to be withdrawn or make you ineligible for continued employment. Also FBI fingerprints are required on all applicants that have resided outside of Texas.

For auto liability insurance purposes, driving records will be checked on all employees that are required to drive as stated in job descriptions and I understand that employment is dependent upon qualifying for insurance. I must be 18 years of age or older to qualify for coverage & drive in the course & scope of my employment. I authorize the release of my diving record to Gulf Bend Center for the purpose of insurability. I also understand that while I am employed, my driving record will be reviewed on an annual basis. If an employee is not insurable, employment may be terminated.

CITATIONS DURING PREVIOUS THREE (3) YEARS:

- At-fault accident.....2 points
- Moving Violation 1 points
- No motor vehicle insurance violation2 points
- Driving while intoxicated (DWI) or Driving under the influence (DUI) or Drug Offense.....4 points
- Two (2) DWI's or DUI's or one each of DWI and DUI during past 6 years4 points
- Incidents involving BOTH an at-fault accident + moving violation2 points
- Incidents involving two or more moving violations on the same day2 points
- Incidents of no insurance and moving violation same day2 points
- Incidents involving BOTH at fault and no insurance violation.....4 points
- All reports of DENIED, CANCELED, SUSPENDED OR REVOKED4 points

Based on the point system noted above, an employee with four or more points is considered uninsurable.

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 Gulf Bend Center.

I understand that in accordance with the Federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, Gulf Bend Center will report information on me as a newly hired or rehired employee to a State Directory of New Hires if employed.

I understand and agree that if employed by Gulf Bend Center, my employment is subject to termination at will. Therefore, both Gulf Bend Center and I remain free to choose to end our work relationship at any time and for any reason. I understand that this application is not and is not intended to be a contract of employment. Also I may be terminated if funds are not available and programs are phased out.

I understand that my application may be considered for only the specific position that I have applied for and if I wish to be considered for other positions I may be required to submit additional applications. This is necessary to ensure proper routing and consideration of applications.

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 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 habits, 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.

This application is considered void unless signed below. I hereby acknowledge all the above statements on this page by my signature below.

Signature

Date

[REQUIRED]

SUPPLEMENTAL STATEMENT TO APPLICATION FOR EMPLOYMENT

(Please Print)

NAME: _____
Last; First, Middle (AKA / Aliases / Maiden)

DATE OF BIRTH: ____/____/____ **SOC. SEC. NO.:** _____
MM DD YY

SEX: Male Female **RACE:** Black Hispanic White Other
(Circle One) (Circle One)

DRIVER'S LICENSE NO.: _____ **STATE ISSUING DRIVERS LICENSE:** _____

REGARDING CRIMINAL HISTORY

All applicants for positions requiring direct contact with clients and/or in a program licensed by the Texas Department of Human Services shall complete a Supplemental Statement to their Application for Employment concerning prior or current indictments, convictions, or criminal charges.

1. Have you ever been convicted of a felony or are you currently serving a deferred adjudication probation term? YES NO If yes, give date, place, nature of conviction, and description.

2. Have you ever been convicted of a misdemeanor? YES NO If yes, give date, place, nature of conviction, and description.

3. Are you currently charged with (indictment or official criminal complaints accepted by County or District Attorney) a felony or misdemeanor? YES NO If yes, give details, including type of charge.

I acknowledge that I am aware that an employee in a position requiring direct contact with clients may be removed from contact with clients or an employee in a position of a program licensed by the Texas Department of Human Services must be removed from contact with clients who are minors if any of the following are true:

- An indictment alleging commission of a felony classified as an offense against the person or family or of public indecency or a violation of the Texas Controlled Substance Act.
- An indictment alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency.
- An official complaint accepted by a District or County Attorney alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency.

I certify that I have read and understand the above information and certify that all statements are true and correct.

I understand that all information will be verified in accordance with current Texas State Law.

As an applicant or employee of Gulf Bend Center, I understand the Center's requirements regarding Criminal Histories and Driving Records and the need for the above requested information from me to obtain such records.

Applicant / Employee Signature

Date

YOU WILL BE CONSIDERED FOR A JOB
WHEN THE FOLLOWING INFORMATION IS
ENCLOSED WITH YOUR COMPLETED
APPLICATION*

- **Proof of Education** as required for the position you are applying for such as High School Diploma, G.E.D or College Transcripts
- **Social Security Card or Acceptable Work Permit** (*For W-4 and INS Verification*)
- **Valid Texas Drivers License** (*For Verification and for Driving Record clearance*)
- **Personal Auto Liability Insurance** for the vehicle you will be driving to and from work and for Company Business.

Some positions may require you to have reliable transportation to transport clients as needed.

**Applicants who are disabled are encouraged to complete a request for reasonable accommodations in accordance with Gulf Bend Center H.R.M. Policy 1.04.22.01 and the Americans with Disabilities Act Section 504.*