

APPLICATION FOR EMPLOYMENT

6502 NURSERY DRIVE
VICTORIA, TX 77904-1178



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(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: _____

EDUCATION: • Proof of education required. •

High School Graduate? _____ GED? _____ Highest Grade Completed: _____
Month/Year Month/Year

Name of High School: _____

Address: _____
Street City State Zip Code

College or University	City/State Location	Dates Attended From / To		Major	Date Degree Received	Degree Received

LICENSURE OR REGISTRATION:

- If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:

Name of Trade or Profession: _____ License No.: _____

Granted by (Licensing Agency): _____ City, State: _____

Specialty: _____ Licensed From: _____ to _____

List / indicate languages you speak, read, and/or write and your proficiency:

Languages other than English:

Circle One:

I can speak: _____ Fluent Good Fair

I can read: _____ Fluent Good Fair

I can write: _____ Fluent Good Fair

- List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, or national origin.)

- Give name, address, and telephone number of three references who are not related to you.

1. _____

2. _____

3. _____

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 driving 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: MM/DD/YY SOC. SEC. NO.:

SEX: Male Female RACE: Black Hispanic White Other (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

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

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatements, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
3. I understand that this agency will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history, the Nurse Aid Registry, Employee Misconduct Registry and CANRS in accordance with applicable statutes. I also understand that if a report from either of these agencies indicates a conviction for any offense listed below, this will result in immediate termination if I have been employed prior to the criminal conviction record having been received:
 - Chapter 19, Penal Code (criminal homicide)
 - Chapter 20, Penal Code (kidnapping and unlawful restraint)
 - Chapter 31, Penal Code (theft) employable after 5th anniversary of conviction date
 - Section 21.02 Penal Code (continuous sexual abuse of a young child or children)
 - Section 21.08 Penal Code (indecent exposure)
 - Section 21.11 Penal Code (indecentcy with a child)
 - Section 21.12 Penal Code (improper relationship between educator and student)
 - Section 21.15 Penal Code (improper photography or visual recording)
 - Section 22.01 Penal Code (assault) employable after 5th anniversary of conviction date
 - Section 22.011 Penal Code (sexual assault)
 - Section 22.02 Penal Code (aggravated assault)
 - Section 22.021 Penal Code (aggravated sexual assault)
 - Section 22.04 Penal Code (injury to a child, elderly individual, or disabled individual)
 - Section 22.041 Penal Code (abandoning or endangering child)
 - Section 22.05 Penal Code (deadly conduct)
 - Section 22.07 Penal Code (terroristic threat)
 - Section 22.08 Penal Code (aiding suicide)
 - Section 25.08 Penal Code (sale or purchase of a child)
 - Section 25.031 Penal Code (agreement to abduct from custody)
 - Section 28.02 Penal Code (arson)
 - Section 29.02 Penal Code (robbery)
 - Section 29.03 Penal Code (aggravated robbery)
 - Section 30.02 Penal Code (burglary) employable after 5th anniversary of conviction date
 - Section 32.45 Penal Code (misapplication of fiduciary property or property of a financial institution) employable after 5th anniversary of conviction date
 - Section 32.46 Penal Code (securing execution of a document by deception) employable after 5th anniversary of conviction date
 - Section 33.021 Penal Code (online solicitation of a minor)
 - Section 34.02 Penal Code (money laundering)
 - Section 35A.02 Penal Code (Medicaid fraud)
 - Section 37.12 Penal Code (false identification as a peace officer) employable after 5th anniversary of conviction date
 - Section 42.01(a) (7), (8) or (9) Penal Code (disorderly conduct) employable after 5th anniversary of conviction date
 - 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 elements of an offense listed.

4. 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. I release all such parties from all liability from any damages, which may result from furnishing such information to you.
5. In consideration of my employment, I agree to conform to the rules and regulations of the Center, and understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of the Center or myself. I understand that no director, administrator, or supervisor of the Center, with the exception of the Chief Executive Officer, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

SIGNATURE: _____ DATE: _____

Revised: Jan 14, 2011

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.*