

APPLICATION FOR EMPLOYMENT

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. The Andrews Center 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. This application may become public record and subject to disclosure.

JOB POSTING NO. _____ DATE AVAILABLE FOR WORK: _____

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (ZIP)

PHONE _____

Are you at least 18 years of age?	† Yes	† No
Are you willing to work hours and days other than 8:00am-5:00pm, 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 employed by the Center or Board?	† Yes	† No
If yes, list name(s) and relationship: _____		

Have you ever been convicted of any federal, state, county, or Municipal law, regulation, or ordinance?	† Yes	† No
<p>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.</p>		

EDUCATIONAL BACKGROUND

HIGHEST LEVEL OF EDUCATION ACHIEVED: _____

DATE: _____

TYPE OF SCHOOL	NAME/LOCATION	DATES ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			† Yes † No	
COLLEGE/ UNIVERSITY			† Yes † No	
			† Yes † No	
TECHNICAL/ VOCATIONAL			† Yes † No	
			† Yes † No	

LICENSES/CERTIFICATIONS

License/Certification	Specialty	Issued By	State	License No.	License Valid Dates

SPECIAL SKILLS/QUALIFICATIONS

<input type="checkbox"/> Spreadsheet experience	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Military Service Dates: _____ Branch: _____
<input type="checkbox"/> Calculator experience	<input type="checkbox"/> Speak language other than English? What language(s)? _____ _____	
<input type="checkbox"/> Computer experience <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Other	How fluently? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	
<input type="checkbox"/> Data entry experience	<input type="checkbox"/> Certified Interpreter	<input type="checkbox"/> Other skills List: _____ _____ _____
<input type="checkbox"/> Typing experience Speed: _____		

EMPLOYMENT HISTORY

1. Include ALL employment. Begin with your current or last position and work back to your first position.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held
4. For supervisory/managerial position, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may attach a typed employment history providing the same information in the same format as this application form.

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

EMPLOYMENT HISTORY (contd.)

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

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

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

VOLUNTEER EXPERIENCE

DESCRIPTION	LOCATION	TITLE OF YOUR POSITION	DATES

PLEASE WRITE A BRIEF PARAGRAPH EXPLAINING WHY YOU WANT TO WORK FOR THE ANDREWS CENTER.

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 misstatement, 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 comply with the Immigration and Reform Act of 1986, by completing the "Employment Eligibility Verification Form/I-9.
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 in accordance with applicable statutes.
4. I understand that this agency will check the Employee Misconduct Registry to determine prior abuse/neglect convictions.
5. I authorize any of the persons or organization 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.
6. I understand that if selected as a finalist for a position, I will complete authorized forms and submit to skin, blood and urine tests to identify the presence of drugs and alcohol.
7. I understand that if an offer of employment is made, my driving record will be requested.
8. I understand that I may be required to provide proof of diploma, degree, transcripts, licenses, and certifications.

THIS APPLICATION MUST BE SIGNED:

X _____
Signature-Applicant

Date

APPLICANT EEO DATA FORM

The information requested is being collected for Equal Employment Opportunity purposes and will not be considered as part of the application for employment. It will be maintained for personnel use only. Please type or print.

1. Job Posting No.	2. Social Security No.	3. Name: Last First Middle/Maiden		
4. Address: Street City State ZIP		5. Phone #		
6. Sex † Male † Female	7. Birthdate	8. Ethnic Origin † White † Black † Hispanic † Asian/Pacific Islander † Native American/Alaskan † Other		
9. DRIVER'S LICENSE (State & Number)				
10. How did you find out about this job?				
† Andrews Center Employee Name: _____		† Texas Workforce Commission		† Newspaper
† Job Fair		† College/University Career Day		† Internet
† Professional Publication		† Human Resources		† Other Specify: _____

X _____
Signature – Applicant

Date



2323 W. Front St.
Tyler, TX 75702

www.andrewscenter.com

DPS Computerized Criminal History (CCH) Verification

(Central Counties Center for Behavioral & Developmental Services COPY)

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 \$9.95 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

Agency Name

Agency Representative Name (print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space

CCH Report Printed:

YES NO Initial

Purpose of CCH: _____

Hired Not Hired Initial

Date Printed: _____ Initial

Date Destroyed: _____ Initial

Retain in your files