

EOE Statement

We are an Equal Opportunity Employer. We will consider applicants for this position without regard to any category protected by applicable federal, state or local law, including but not limited to: race, color, religion, sex, national origin, age, physical or mental disability, genetic information, veteran status or uniformed servicemember status.

If hired, I understand my employment is at-will as permitted under applicable state law. I understand this means that either the company or I may terminate the employment relationship at any time, for any reason, with or without notice or cause.

Personal Information

Candidate:		Date Created:	
		Date of Application:	
Position:		Application Method:	
Location:		Referral Source:	
Main Phone:		Alternate Phone:	
Address:			
Email Address:			

Core Questions

Please enter the name of the specific source where you learned about this position:

Are you at least 18 years of age?

Do you have a High School Diploma or GED?

Are you legally authorized to work in the United States?.

Have you previously applied here?

Have you previously worked here?

Do you have any relatives working at Hill Country of serving as a Board of Trustees Member?

What is your geographical preference?.

Are you Bilingual (English/Spanish) speaking?

How soon are you available to work?

Please explain any gaps of more than one month in your work history?

Core Questions continued...

What percentage are you willing to travel?
What type of employment are you interested in? Check all that apply.

Education			
Institution:		Institution Type:	
Location:		Start Date:	Completion Date:
Degree:		Overall GPA:	
Major:			
Notes:			

Employment History			
Employer:			
Phone:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	<i>From:</i>	<i>To:</i>	Rate of Pay:
Supervisor:			
May we contact?			
Employer:			
Phone:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	<i>From:</i>	<i>To:</i>	Rate of Pay:
Supervisor:			
May we contact?			
Employer:			
Phone:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	<i>From:</i>	<i>To:</i>	Rate of Pay:
Supervisor:			
May we contact?			

US Military Experience			
Branch of Service:			
Rank at Discharge:		Years in Service:	
Highest Rank Attained:		Are you currently in the reserves?	
Additional Information:			

Skills Experience			
Skill:			
Last Used:		Skill Level:	Years of Experience:
Skill Summary:			
Skill:			
Last Used:		Skill Level:	Years of Experience:
Skill Summary:			
Skill:			
Last Used:		Skill Level:	Years of Experience:
Skill Summary:			

Licenses and Certifications			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			

Work Schedule	
Day	Hours Available for Work

Previous Names	
Name:	
Name:	
Name:	

Criminal History			
Include any deferred adjudicated sentences in your answers below.			
Have you been convicted of a crime?			
Agency:			
Type of Crime:			
Disposition:			
Date Involved:		County:	
Explanation:			
Agency:			
Type of Crime:			
Disposition:			
Date Involved:		County:	
Explanation:			
Agency:			
Type of Crime:			
Disposition:			
Date Involved:		County:	
Explanation:			
Agency:			
Type of Crime:			
Disposition:			
Date Involved:		County:	
Explanation:			

References			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			

References continued...

Address:	
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Insurance

Insurance:	
Carrier:	
Address:	
Policy:	

Additional Information

Please read carefully before signing

We are an Equal Opportunity Employer. We will consider applicants for this position without regard to any category protected by applicable federal, state or local law, including but not limited to: race, color, religion, sex, national origin, age, physical or mental disability, genetic information, veteran status or uniformed service member status.

I certify that the facts set forth in this employment application and attached application materials including but not limited to my resume, are complete, true and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for this position or if hired, disciplinary action up to and including discharge.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. IF HIRED, I UNDERSTAND THIS MEANS THAT EITHER THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT NOTICE OR CAUSE. FURTHER, NO EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT, EXPRESS OR IMPLIED, WITH ME OR ANY OTHER APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

I authorize the company to confirm all statements in this application and/or on my resume as it relates to the position and to the extent permitted by applicable law. I hereby release the company and its authorized representatives to verify all information provided by me. I authorize any party contacted by this employer including persons, schools, organization or former employers to disclose such information from any liability, claims, charges or causes of action which may result of the delivery or disclosure of requested information.

I have read all of the information contained in this candidate profile.

continued...

Print Name:	
eSignature:	Date: 07/16/2015

Please read carefully before signing

I have reviewed all the information listed on this application. By signing below I acknowledge the following: (Select One)

- Yes I have made changes or modifications to this application. These changes or modifications were made on page(s): _____
- No I have not made changes or modifications to this application.

Print Name:	
Signature:	Date:

Please read carefully before signing

I certify that the facts set forth in the employment application and accompanying application materials are true and complete to the best of my knowledge.

Print Name:	
Signature:	Date:

Please read carefully before signing

This is to inform you that as a part of our procedure for processing your employment application, we may obtain a consumer report and/or an investigative consumer report which includes information as to your character, general reputation, personal characteristics and mode of living.

If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By agreeing below, you acknowledge receipt of a copy of the foregoing notice.

A Summary of Your Rights Under the Fair Credit Reporting Act can be viewed at: [FCRA Summary of Rights.pdf](#)

For New York applicants only, click link to view a copy of Article 23-A of New York Correction Law

DPS Computerized Criminal History (CCH) Verification (Hill Country MHDD Centers)

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.

APPLICANT or EMPLOYEE NAME (Please print)

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

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 <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	

continued...

Print Name:	
Signature:	Date: