



Camino Real Community Services APPLICATION FOR EMPLOYMENT

PRINT IN BLACK 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. Camino Real Community Services 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. You may make copies of this application and enter different position titles, but **each copy must be signed.** **Resumes will not be accepted in lieu of applications.** This application becomes a permanent record of this agency.

CURRENT LEGAL NAME: NO NICK NAMES (LAST) (FIRST) (MIDDLE)	SOCIAL SECURITY NO:
MAILING ADDRESS: (STREET) (CITY) (STATE) (ZIP)	AC () (HOME PHONE)
List any other names used if different from name on this application:	AC () (WORK PHONE, OPTIONAL)

List exact title of position or type of work and location for which you wish to apply:	Job Posting Number(s):
Do you have any relatives working for this agency? If so, list names and relationships:	E-Mail Address: _____ Cell Phone/Pager No. ()

Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>	Date available for work?
Are you willing to work hours other than 8-5? Yes <input type="checkbox"/> No <input type="checkbox"/>	What days are you unable to work?
Are you willing to travel? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what percent of time?	
Current Driver's License # (State) (Number)	Commercial Driver's License Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Geographic preference (City/County). If no preference, write "any location."	
Are you willing to relocate to meet the requirements of the position you are applying for? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes No
 If your answer is "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(s). A conviction may not disqualify you, but a false statement will. Note: This agency may require additional information related to convictions of misdemeanors.

EDUCATION (NOTE: Applicants are required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations upon request.)
 Did you graduate from high school? Yes No Do you have a GED? Yes No

Type of School	Name and Location of School	Dates Attended				Date Graduated		Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major Fields of Study	Minor
		From		To		Mo.	Yr.					
		Mo.	Yr.	Mo.	Yr.							
Undergraduate Colleges or Universities												
Graduate Schools												
Technical, Vocational, or Business Schools												

If a license, certificate, or other credentials is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date Issued	Date Expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? (If required for this position) _____ wpm
Sign Language (If required for this position) Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a certified interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your primary language? _____ How fluently? Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Do you speak a language other than English? (if required for this position) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language(s) do you speak? How fluently? Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Have you ever been employed by Camino Real Community Services? Yes <input type="checkbox"/> No <input type="checkbox"/>
MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.) Dates of service (From/To): _____
Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list type of discharge status: _____
Are you a surviving spouse of a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a surviving orphan of a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>

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

1. I certify the information provided by me on my application, whether on this document or not, is true and correct, and I understand that any misrepresentations, 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 must provide legal proof of authorization to work in the U.S.
3. I understand that Camino Real Community Services will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any background history information as in accordance with applicable statutes. I understand that Camino Real Community Services will check the Nurse Aide Registry and the Employee Misconduct Registry maintained by the Texas Department of Human Services. A revoked status listing in the Nurse Aide Registry or an unemployable status listing in the Employee Misconduct Registry is an absolute bar to employment. Prior to an offer of employment, applicants will also be screened for previous record of abuse or neglect.
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, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand that any position with Camino Real Community Services that requires a license, certificate, or other credentials, must be provided upon hire.
6. I understand that any position with Camino Real Community Services that requires me to drive an agency vehicle, that I must possess a valid Texas Driver's License, and must submit to a "Driver Record" check through the Texas Department of Public Safety.
7. I understand that, as a condition of my request that Camino Real Community Services consider my application and possibly hire me, I must agree to Camino Real Community Services' policy of dispute resolution, which I understand requires that all disputes between applicants or employees and Camino Real Community Services, its constituent member entities, and/or its officials and/or employees must be resolved solely by arbitration, in accordance with Camino Real Community Services' Dispute Resolution Policy, a copy of which will be provided to me upon request. Such policy further requires I waive any right to participate in any class or collective action, either as a representative or member and that, instead, I must resolve any dispute, as an applicant or employee, through a single-party arbitration under the specific terms and conditions set forth in Camino Real Community Services' Dispute Resolution Policy. I agree to be bound by all of its terms in connection with the consideration of my Application for employment and throughout my employment, including termination thereof, if I am hired.

THIS APPLICATION MUST BE SIGNED

Please Sign Here:

Signature – Applicant

Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
 2. Employment history should include **each position** held, even those with the same employer.
 3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
 4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
 5. For supervisory/managerial positions, indicate the number of employees you supervised.
- If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name:			
Last	First	Middle	Social Security No.

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No. AC ()						Immediate Supervisor Name: Title:		Full-Time	
								Part-Time	
						Supervisor's Telephone No.: AC ()		Summer	
								Temp/Project	
Starting Date			Leaving Date			Current/	Technical	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial Supervisory		

Summary of experience:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No. AC ()						Immediate Supervisor Name: Title:		Full-Time	
								Part-Time	
						Supervisor's Telephone No.: AC ()		Summer	
								Temp/Project	
Starting Date			Leaving Date			Current/	Technical	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial Supervisory		

Summary of experience:

Specific reason for leaving:

Name:			
Last	First	Middle	Social Security No.

Position Title:							Immediate Supervisor Name:		Full-Time
Employer:							Title:		Part-Time
Mailing Address:									Summer
City & State/ZIP:							Supervisor's Telephone No.:		Temp/Project
Employer's Telephone No. AC ()							AC ()		Give average # of hours worked per week if part-time
Starting Date			Leaving Date			Current/	Technical		
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial		
							Supervisory	If supervisory, number of employees you supervised:	

Summary of experience:

Specific reason for leaving:

Position Title:							Immediate Supervisor Name:		Full-Time
Employer:							Title:		Part-Time
Mailing Address:									Summer
City & State/ZIP:							Supervisor's Telephone No.:		Temp/Project
Employer's Telephone No. AC ()							AC ()		Give average # of hours worked per week if part-time
Starting Date			Leaving Date			Current/	Technical		
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial		
							Supervisory	If supervisory, number of employees you supervised:	

Summary of experience:

Specific reason for leaving:

Position Title:							Immediate Supervisor Name:		Full-Time
Employer:							Title:		Part-Time
Mailing Address:									Summer
City & State/ZIP:							Supervisor's Telephone No.:		Temp/Project
Employer's Telephone No. AC ()							AC ()		Give average # of hours worked per week if part-time
Starting Date			Leaving Date			Current/	Technical		
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial		
							Supervisory	If supervisory, number of employees you supervised:	

Summary of experience:

Specific reason for leaving:

APPLICANT EEO DATA FORM

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting Number	2. Social Security No.	3. Last Name (Type or Print)		First	Middle
4. Address		City	State	ZIP Code	5. Home Phone ()
					6. Work Phone ()
7. Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female	8. Birth Date	9. Ethnic Origin			
		<input type="checkbox"/> W -White <input type="checkbox"/> B -Black <input type="checkbox"/> H -Hispanic <input type="checkbox"/> P -Islander <input type="checkbox"/> A sian/Pac. <input type="checkbox"/> A m.Ind/ <input type="checkbox"/> I -Alaskan <input type="checkbox"/> O -Other			
10. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Orphan of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. How did you find out about this job?					
<input type="checkbox"/> 01 – Other Agency Employee		<input type="checkbox"/> 06 – Newspaper _____ <small style="margin-left: 100px;">Name of Newspaper</small>		<input type="checkbox"/> 11 – Texas Workforce Comm./ Hire Texas	
<input type="checkbox"/> 02 – Job Fair		<input type="checkbox"/> 07 – College/University Career Day		<input type="checkbox"/> 12 – Other (specify)	
<input type="checkbox"/> 03 – Professional Publication		<input type="checkbox"/> 08 – Human Resource/Personnel Office		_____	
<input type="checkbox"/> 04 – Recruitment Poster		<input type="checkbox"/> 09 – Radio			
<input type="checkbox"/> 05 – Television		<input type="checkbox"/> 10 – Agency Web Site - Internet			

X _____
 Signature – Applicant _____
Date

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 American, 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, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native – All Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

AN EQUAL OPPORTUNITY EMPLOYER

Camino Real Community Services

19965 F.M. 3175 North

P.O. Box 725

Lytle, TX 78052

Phone: (210) 357-0300

Fax: (210) 357-0456

Emma C. Garcia, Executive Director

Crisis Hotline: (800) 543-5750

AUTHORIZATION FOR RELEASE OF INFORMATION

	<p>I hereby authorize the release of the following information requested by the CAMINO REAL COMMUNITY SERVICES</p> <p>X _____ Applicant's Signature</p>
<p>RE:</p> <p>SSN:</p> <p>DATES EMPLOYED:</p>	
<p>The above-named individual has applied to this agency for employment as _____, and has listed you as a prior/current employer. It would be appreciated if you would assist us by completing the following questionnaire. Employees of this agency have access to their personnel files and this verification will become a part of that file. Thank you for your cooperation and prompt attention to this request.</p> <p>_____ Human Resources Officer</p>	

1. Dates of employment _____ to _____
2. Title of position: _____
3. Give a brief description of the duties: _____
4. Were you the applicant's employer?: _____ Co-worker? _____ Other? _____
5. Reason(s) for leaving employment: _____
6. Use of sick leave: _____
7. Reliability and punctuality: _____
8. Were performance evaluations satisfactory?: _____
9. Comments on how individual got along with co-workers and supervisors: _____

10. Is the individual eligible for re-hire with your organization? _____

Signature of Respondent

Position Title

Pre-Employment Controlled Substance Testing

From: Human Resource Services

TO: All Applicants

In accordance with agency policy, the Federal Drug Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991, applicants are required to undergo testing as a condition of employment.

Pre-employment controlled substance testing is required when an *applicant* receives a conditional offer of employment. If an individual's controlled substance test is verified as positive, the applicant's offer of employment will be rescinded. Applicants may obtain the results of the controlled substance tests by requesting them from the Human Resource Office within 60 calendar days of being notified of the disposition of the employment application. Controlled substance testing is done by chemical analysis of an individual's urine.

An individual fails the controlled substance test if there is positive evidence of a controlled substance or drug metabolite in the urine specimen that is at or above the levels listed in federal guidelines. Controlled substances are marijuana, opiates, phencyclidine (PCP), amphetamines, and cocaine. A positive controlled substance test may be verified as negative by the an agency appointed medical review officer (MRO) if it is determined that legally prescribed medication(s), taken under the direction of a physician, is the cause for the positive test.

If an applicant's confirmatory test results are positive, he or she may request one re-analysis of the specimen. The applicant is responsible for payment of all costs associated with the re-analysis.

I have read and understand the requirements of the department's pre-employment controlled substance testing program as described in this form.

Applicant's Printed Name

Applicant's Signature

Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY 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.

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	

Background Checks

All Camino Real Community Services employees are subject to a history check as conducted by Texas Department of Public Safety. Consistent with the Texas Health and Safety Code, §250.006, convictions of offenses, which constitute an absolute bar to employment and volunteer status include:

- criminal homicide (Penal Code, Chapter 19);
- kidnapping and false imprisonment (Penal Code, Chapter 20);
- indecency with a child (Penal Code, §21.11);
- sexual assault (Penal Code, §22.011);
- aggravated assault (Penal Code, §22.02);
- injury to a child, elderly individual, or disabled individual (Penal Code, §22.04);
- abandoning or endangering a child (Penal Code, §22.041);
- aiding suicide (Penal Code, §22.08);
- agreement to abduct from custody (Penal Code, §25.031);
- sale or purchase of a child (Penal Code, §25.08);
- arson (Penal Code, §28.02);
- robbery (Penal Code, §29.02)
- aggravated robbery (Penal Code, §29.03);
- 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; and,
- a felony conviction for the theft (Penal Code, Chapter 31) which occurred within the previous five years.
- indecent exposure (Penal Code §21.08);
- improper relationship between educator and student (Penal Code §21.12);
- improper photography or visual recording (Penal Code §21.15);
- deadly conduct (Penal Code §22.05);
- aggravated sexual assault (Penal Code §22.021);
- terroristic threat (Penal Code §22.07);
- online solicitation of a minor (Penal Code §33.021);
- money laundering (Penal Code §34.02);
- Medicaid fraud (Penal Code §35A.02);
- Obstruction or retaliation (Penal Code §36.06);
- cruelty to animals (Penal Code §42.09 and 42.092);
- false identification as peace officer (Penal Code §37.12);
- Disorderly conduct (Section 42.01 (a) (7), (8), or (9), Penal Code.

In addition, individuals may not be employed by, assigned volunteer status at, or serve as a professional clinical intern at a facility, local authority, community center or provider who have been convicted of any offense listed above; convicted of an offense that the facility, local authority, community center or provider has determined to be a contraindication to employment or volunteer status at that entity; is listed as revoked in the Nurse Aide Registry; or listed as unemployable in the Employee Misconduct Registry.

Current employees that are subject to traffic citations or any other arrest are required to report it to their immediate supervisor as well as Human Resources, as soon as possible. Failing to do so, may jeopardize your employment.

I hereby certify that I have been informed of this requirement. I also understand and acknowledge that:

- a history record check will be conducted by the Texas Department of Public Safety,
- if the Texas Department of Public Safety report indicates a conviction for any of the above offenses, this may result in immediate termination, and
- no administrative review is required, unless there is an error of fact or identity in the criminal history record.

Applicant's Signature

Date

cc: Employee file
Agency human resource office

Veteran's Preference Form

Senate Bill 646, 74th Legislature, Regular Session, Section 657.002 requires Camino Real Community Services to give veteran's preference in employment and retention. The following individuals are entitled to veteran's employment preference:

- (a) A veteran qualifies for a veteran's employment preference if the veteran:
 - (1) served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service-connected disability;
 - (2) was honorably discharged from military service; and
 - (3) is competent.

- (b) A veteran's surviving spouse who has not remarried qualifies for a veteran's employment preference if:
 - (1) the veteran was killed while on active duty;
 - (2) the veteran served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law; and
 - (3) the spouse is competent.

- (c) A veteran's orphan qualifies for a veteran's employment preference if:
 - (1) the veteran was killed while on active duty;
 - (2) the veteran served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law; and
 - (3) the orphan is competent.

In this section, "veteran" means an individual who served in the Army, Navy, Air Force, Marine Corps, or Coast Guard or the United States or in an auxiliary service of one of those branches of the armed forces. The individual must have served a minimum of 180 days on active duty (excluding training), of which 90 consecutive days must have been during a national emergency declared in accordance with federal law (defined as Spanish-American War, World War I, World War II, Korean War, and the cold war era - 1955 until present).

Auxiliary service were the women's units (WAF, WAC, WM, and WAV).

Are you entitled to veteran's preference? Yes No

Veteran Yes No DD Form 214 Provided Yes No

Widow of a Veteran Yes No DD Form 1300 or Appropriate Documentation Provided Yes No

Orphan of a Veteran Yes No DD Form 1300 or Appropriate Documentation Provided Yes No

Branch of Service: _____

Dates of service: From _____ to _____

Documentation such as a DD Form 214 will be required to substantiate status as a veteran. Orphans and widows of veterans can use a DD Form 1300, set of orders (death), or other official Department of Defense documentation outlining the periods of service and circumstances of death.

Documentation must be provided before Veteran's preference can be granted.

Name (Print)

Signature

Date