

Thank you for your interest in employment with Lutheran Sunset Ministries. Please complete the full application even if you are submitting a resume. Statements made on the application need to be accurate to the best of your knowledge. False statements on your application may prevent you from being considered for employment. If hired, false statements may cause a dismissal from your employment with Lutheran Sunset Ministries.

We consistently perform criminal history checks, pre employment drug screens, check the employment misconduct registry, nurse aid registry, the Inspector General's exclusion database, and verify previous employment. We are required by the Texas Department of Aging & Disability Services to adhere to these guidelines.

If a job vacancy does not exist at the time you apply, I will be happy to retain your application for ninety days from the date you submit it. Please feel free to contact me at 254-675-8637 extension 2227 if you have any questions.

Again, thank you for your interest in employment opportunities with us.

Sincerely,

Amanda Allyn

Human Resource Director

Omender Ollys

APPLICATION FOR EMPLOYMENT HR USE ONLY Applicant No. Employee No. Company Company No. Address Location City Date Employed __ APPLICANT TO COMPLETE ALL INFORMATION REQUESTED Documents Received: PLEASE PRINT Resume ☐ Reference Checks In compliance with Federal and State equal employment opportunity ☐ Interview Record laws, qualified applicants are considered for all positions without regard ☐ Payroll/Status Change Notice to race, color, religion, sex, national origin, age, marital status, veteran ☐ Employee Record Card status, non-job related disability, or any other protected group status. Name ____ Social Security No. Middle Last Present address_ Street City State City Zip Street State Email address Telephone Number Do you have a legal right to be employed in the United States? \square Yes (proof required) \square No Are you over the age of 18? Yes No COMPANY EXPERIENCE Have you worked for this company before? _____ Dates: From ____ То ____ Month/Year Month/Year Rate of Pay Position Where? Reason for leaving GENERAL Are you currently employed? _____ If not, when was your last day employed? _____

Who referred you? ______ Rate of pay expected _____

Course or Major							
ECENT							
ADDRESS, CITY, STATE, ZIP DUTIES / RESPONSIBILITIES							

		WORK REFERE	NCES				
NAME		YEARS KNOWN	RELATIONSHIP AND TI	ISHIP AND TITLE			
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE			
NAME		YEARS KNOWN	RELATIONSHIP AND TI	TLE			
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WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE			
NAME YEARS RELATIONSHIP AND TITLE KNOWN							
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE			
		SPECIAL SKIL	LS	'			
Please check the skills for which	you have received train	ing:					
☐ Word Processing (W	PM)	Data Entry	10 - Key Calculator				
Software Packages:							
Programming Languages:							
Database:							
Manufacturing Equipment:							
☐ Other:							

AVAILABILI	TΥ
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		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Availability for the next 6 months	START							
	END TIME							

Date you are available to start:	
	_

Any time off you will need in the next 6 months. *This does not guarantee time off will be granted.

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

A 11	
Applicant Signature	Date

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I,						 ackn	owledge that a Co	mputerized Cri	minal
	APPLICANT o	r EMPLA	DYEE NAM	<mark>H. (</mark> Please	print)				
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History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee					
	Please: Check and Initial each Applicable Space				
Date Lutheran Sunset Ministries	CCH Report Printed:				
Agency Name (Please print)	YES NO initial				
	Purpose of CCH:				
Agency Representative Name (Please print)	Empl Vol/Contractor initial				
Signature of Agency Representative	Date Printed: initial				
	Destroyed Date: initial				
Date	Retain in your files				
	Rev. 09/2015				

Criminal History Check

The Texas Department of Aging and Disability Services requires long term care facilities to perform criminal history checks on applicants prior to hire. If a person has ever been convicted of any of the following offenses they may not be employed in our facility in any capacity. Crimes that bar employment are:

- 1. an offense under Chapter 19, Penal Code (criminal homicide)
- 2. an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint)
- 3. an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), or Section 21.11, Penal Code (indecency with a child)
- 4. an offense under Section 22.011, Penal Code (sexual assault)
- 5. an offense under Section 22.02, Penal Code (aggravated assault)
- 6. an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual)
- 7. an offense under Section 22.041, Penal Code (abandoning or endangering child)
- 8. an offense under Section 22.08, Penal Code (aiding suicide)
- 9. an offense under Section 25.031, Penal Code (agreement to abduct from custody)
- 10. an offense under Section 25.08, Penal Code (sale or purchase of a child)
- 11. an offense under Section 28.02, Penal Code (arson)
- 12. an offense under Section 29.02, Penal Code (robbery)
- 13. an offense under Section 29.03, Penal Code (aggravated robbery)
- 14. an offense under Section 21.08, Penal Code (indecent exposure)
- 15. an offense under Section 21.12, Penal Code (improper relationship between educator and student)
- 16. an offense under Section 21.15, Penal Code (improper photography or visual recording)
- 17. an offense under Section 22.05, Penal Code (deadly conduct)
- 18. an offense under Section 22,021, Penal Code (aggravated sexual assault)
- 19. an offense under Section 22.07, Penal Code (terroristic threat)
- 20. an offense under Sec. 32.53, Penal Code (exploitation of a child, elderly, or disabled person)
- 21. an offense under Section 33.021, Penal Code (online solicitation of a minor)
- 22. an offense under Section 34.02, Penal Code (money laundering)
- 23. an offense under Section 35A.02, Penal Code (Medicaid fraud)
- 24. an offense under Section 36.06, Penal Code (obstruction or retaliation)
- 25. an offense under Section 42.09 or 42.092, Penal Code (cruelty to livestock or nonlivestock animals)
- 26. 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 by this subsection.

A person convicted of any of the following offenses may not be employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date of the conviction.

- 1. an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony
- 2. an offense under Section 30.02, Penal Code (burglary)
- 3. an offense under Chapter 31, Penal Code (theft) that is punishable as a felony
- 4. an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony
- 5. an offense under Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony
- 6. an offense under Section 37.12, Penal Code (false identification as peace officer)
- 7. an offense under Section 42.01 (a) (7), (8), or (9), Penal Code (disorderly conduct)

Please complete ALL of the following information in order for us to comply with the requirement of conducting a criminal history check. This form is confidential and will remain separate from your application. PLEASE PRINT.

Full Name (First, Middle, La	st):	
Maiden Name:		
Other Last Names:		
Date of Birth:	Social Security #:	

Lutheran Sunset Ministries Applicant EEO Information Form

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It is the policy of LSM to provide equal employment opportunity to all qualified applicants for employment without regard to race, alor, religion, national origin, sex, age, veteran status, or disability. We are subject to certain government recordkeeping and porting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form. The information obtained will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

			PLEASE PRINT			
N	ame:				Date:	
	Last	First	Middle			
Sc	ocial Security #:			Gender:	□ Male	□ Female
Pe	osition(s) for which you are ap	plying:				_
	lentification Group (please of Hispanic or Latino – A po- culture or origin, regardles	erson of Cuban, Mexican,	Puerto Rican, South	or Central	American,	or other Spanish
	White (Not Hispanic or L. East or North Africa.		origins in any of the	original pe	oples of Eu	crope, the Middle
	Black or African America Native Hawaiian or Other peoples of Hawaii, Guam,	· Pacific Islander (Not Hi	ispanic or Latino) –	g origins in A person l	any of the	black racial groups of Africa
□		atino) – A person having o cluding, for example Cam	origins in any of the o	original peo Japan, Kor	oples of the ea, Malays	Far East, Southeast Asia or ia, Pakistan, the Philippine
L	American Indian or Alask	a Native (Not Hispanic o	r Latino) - A perso	n having o	rigins in an	y of the original peoples of
	North and South America (i	including Central America), and who maintain	tribal affili	iation or co	mmunity attachment.
	Two or More Races (Not I excluding Hispanic or Latin	dispanic or Latino) – All 10.	persons who identify	y with mor	e than one	of the races above,
	of Victnam between Februa cases; OR (b) was discharg was performed during the to Recently separated veteral discharge or release from ac	efined as a person who: (a) other than a dishonorable ary 28, 1961, and May 7, 1 ed or released from active imes and places specified a — Defined as any veterative duty. Defined as a person who so been authorized, under lad to compensation) under to r more, or related at 10 eairs to have a serious empleation of the serious empleation of the serious empleation of the serious empleation of the serious empleating the serious empleatin	e discharge, if any parties duty for a service-counder (a). In during the one-year served on active duty awas administered by the is entitled to complaws administered by the counder (a) and the counder (b) awas administered by the counder (b) awas administered by the counder (a).	rt of such a August 5, connected did at period be the Dept. of the Dept. of the Department of a very the Department of a	active duty 1964 and M isability if a eginning on var or in a c of Defense. (or who, bu rtment of V steran who	occurred in: (i) the Republic May 7, 1975, in all other any part of such active duty the date of such veteran's campaign or expedition for at for the receipt of military veterans Affairs for a has been determined by the
A p	you have a mental or physic erson who has a mental or p ord of such impairment, or	physical impairment tha	t substantially limit	☐ Yes s one or m	□ No tore major	life activities, who has a
	rce of Referral (check one)		_	nployee R	eferral [Indeed (on line)