

APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

PERSONAL INFORMATION

Date _____

Name _____ Social Security No. _____
Last First Middle Initial

Present address _____ Telephone No. _____
Street

City _____ State _____ Zip _____

Permanent Address (if different from Present Address) _____ Telephone No. _____
Street

City _____ State _____ Zip _____

Position(s) applied for _____ Rate of pay expected \$ _____

Would you work Full-Time Yes No Part-Time Yes No Specify days and hours if part time _____

List Volunteer or Community Service Positions (work) which you feel are related to the position for which you are applying: _____

Briefly state any special skills or qualifications you have which you feel are related to the position for which you are applying.

Were you previously employed by us? Yes No If yes, when? _____

List any friends or relatives working for us _____

Name

Relationship

Name

Relationship

Have you ever been convicted of a crime? Yes No (Note: Conviction of a criminal offense will not necessarily preclude your employment.)

If yes, describe in full: _____

If your application is considered favorably, on what date will you be available for work? _____ 20 _____

Person to be notified in case of accident or emergency

Name _____ Relationship _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____



RECORD OF EDUCATION

School	Name and Address of School	Course of Study or Major Field	Circle Last Year Completed				Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Diploma or Degree
			9	10	11	12		
High School			9	10	11	12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From / / To / / Rank at Discharge _____
Month Day Year Month Day Year

List duties in the service including special training _____

PERSONAL REFERENCES (Do Not Include Relatives or Former Employers)

Name and Occupation	Address	Phone Number

EMPLOYMENT RECORD

(List All Present and Past Positions, Beginning with Most Recent)

	Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Ending Salary	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
1.									
2.									
3.									
4.									
5.									
6.									

Have you ever been bonded? Yes No If yes, on what jobs? _____
 May we contact the employers listed above? Yes No If not, indicate by number which one(s) you do not wish us to contact _____

This institution does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physician examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

APPLICANT - Do NOT Write on This Page

FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

Position No. on Page 3	RESULTS OF REFERENCE CHECK	Position No. on Page 3	RESULTS OF REFERENCE CHECK
1		4	
2		5	
3		6	

DISPOSITION

UNDER CONSIDERATION		EMPLOYED: <input type="checkbox"/> PERMANENT <input type="checkbox"/> PART-TIME		
Possible Work Location(s)	Possible Position(s)	Location & Position	Wage Rate	Date

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 Section 33.021, Penal Code (online solicitation of a minor)
21. an offense under Section 34.02, Penal Code (money laundering)
22. an offense under Section 35A.02, Penal Code (Medicaid fraud)
23. an offense under Section 36.06, Penal Code (obstruction or retaliation)
24. an offense under Section 42.09, Penal Code (cruelty to animals)
25. 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, Last): _____

Maiden Name: _____

Other Last Names: _____

Date of Birth: _____ **Social Security #:** _____

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 information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$24.95 to the fingerprinting services company, L1Enrollment 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

LUTHERAN SUNSET MINISTRIES

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 _____	NO _____ _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ _____ initial
Date Printed: _____	_____ _____ initial
Destroyed Date: _____	_____ _____ initial
Retain in your files	

**Lutheran Sunset Ministries
Applicant EEO Information Form**

It is the policy of LSM to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, or disability. We are subject to certain government recordkeeping and reporting 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

Name: _____ Date: _____
 Last First Middle

Social Security #: _____ Gender: Male Female

Position Applied for: (list only one) _____

Identification Group (please check one)

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the races above, excluding Hispanic or Latino.

Military/Veteran Status (please check any that apply to you)

- Vietnam Era Veteran** – Defined as a person who: (a) served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of such active duty occurred in: (i) the Republic of Vietnam between February 28, 1961, and May 7, 1975, or (ii) between August 5, 1964 and May 7, 1975, in all other cases; OR (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).
- Recently separated veteran** – Defined as any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- Other protected veteran** – Defined as a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Dept. of Defense.
- Special disabled veteran** – Defined as (a) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more, or related at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap; or (b) a person who was discharged or released from active duty because of a service-connected disability.

Do you have a mental or physical disability? Yes No

A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such impairment.

Source of Referral (check one) : Newspaper Ad Walk-in Employee Referral Other _____

Applicant Signature: _____ Date: _____