



Note to Applicants for Employment with Lutheran Sunset Ministries:

Thank you for your interest in employment with Lutheran Sunset Ministries. Please be advised that applications need to be completed fully (even if submitting a resume), including your work history and personal references. Statements made on the application need to be accurate to the best of your knowledge. Inaccurate or incorrect statements on your job application may prevent you from being considered for employment or if hired, may cause a dismissal from your employment with Lutheran Sunset Ministries.

Please be advised that we consistently perform criminal history checks; check the employee misconduct registry, nurse aide registry, the Inspector General's exclusion database; conduct pre-employment drug screens and solicit responses from former employers to support our employment selection process. Our residents, patients, and clients depend on our being careful with who joins our team of caring individuals. We are also 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 and keep it active for ninety (30) days from the date you submit it. Please feel free to contact me at 254-675-8637 extension 2227 if you would like to obtain information regarding current openings and/or the status of your application.

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

Sincerely,

Michael Marascia

Michael Marascia

Director, Human Resources

APPLICATION FOR EMPLOYMENT

HR USE ONLY

Company _____
Address _____
City _____

Applicant No. _____
Employee No. _____
Company No. _____
Location _____
Date Employed _____

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT

Documents Received:
 Resume
 Reference Checks
 Interview Record
 Payroll/Status Change Notice
 Employee Record Card

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date _____

Name _____ Social Security No. _____
First Middle Last

Present address _____
No. Street City State Zip

Previous address _____
No. Street City State Zip

Telephone Number () _____ Email address _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Temporary Seasonal

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1	COMPANY NAME	DATES WORKED		POSITION(S) HELD																							
	ADDRESS, CITY, STATE, ZIP	FROM	TO																								
	PHONE NO. ()	DUTIES / RESPONSIBILITIES																									
	TYPE OF BUSINESS																										
	NAME OF SUPERVISOR	REASON FOR LEAVING																									
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WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

SPECIAL SKILLS

Please check the skills for which you have received training:

Word Processing (WPM _____)
 Data Entry
 10 - Key Calculator

Software Packages: _____

Programming Languages: _____

Database: _____

Manufacturing Equipment: _____

Other: _____

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.

Applicant Signature

Date

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

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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

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: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

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, Last): _____

Maiden Name: _____

Other Last Names: _____

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

**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(s) for which you are applying: _____

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 Indeed (on line)

Other _____