



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,

A handwritten signature in black ink that reads "Amanda Allyn".

Amanda Allyn

Human Resource Director



## 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**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( )	<b>DUTIES / RESPONSIBILITIES</b>	
TYPE OF BUSINESS		
NAME OF SUPERVISOR	<b>REASON FOR LEAVING</b>	
NAME OF SUPERVISOR		
<b>BASE GROSS INCOME</b> \$ <b>STARTING WAGE</b> per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$ <b>ENDING/CURRENT</b> per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$ <input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES <b>AMOUNT RECEIVED</b> \$ <b>WORK HOURS:</b>		

**2**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( )	<b>DUTIES / RESPONSIBILITIES</b>	
TYPE OF BUSINESS		
NAME OF SUPERVISOR	<b>REASON FOR LEAVING</b>	
NAME OF SUPERVISOR		
<b>BASE GROSS INCOME</b> \$ <b>STARTING WAGE</b> per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$ <b>ENDING</b> per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$ <input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES <b>AMOUNT RECEIVED</b> \$ <b>WORK HOURS:</b>		

**3**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( )	<b>DUTIES / RESPONSIBILITIES</b>	
TYPE OF BUSINESS		
NAME OF SUPERVISOR	<b>REASON FOR LEAVING</b>	
NAME OF SUPERVISOR		
<b>BASE GROSS INCOME</b> \$ <b>STARTING WAGE</b> per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$ <b>ENDING</b> per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$ <input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES <b>AMOUNT RECEIVED</b> \$ <b>WORK HOURS:</b>		

**4**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( )	<b>DUTIES / RESPONSIBILITIES</b>	
TYPE OF BUSINESS		
NAME OF SUPERVISOR	<b>REASON FOR LEAVING</b>	
NAME OF SUPERVISOR		
<b>BASE GROSS INCOME</b> \$ <b>STARTING WAGE</b> per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$ <b>ENDING</b> per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$ <input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES <b>AMOUNT RECEIVED</b> \$ <b>WORK HOURS:</b>		

## WORK REFERENCES

<b>NAME</b>	<b>YEARS KNOWN</b>	<b>RELATIONSHIP AND TITLE</b>		
<b>COMPANY</b>				
<b>WORK ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>

<b>NAME</b>	<b>YEARS KNOWN</b>	<b>RELATIONSHIP AND TITLE</b>		
<b>COMPANY</b>				
<b>WORK ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>

<b>NAME</b>	<b>YEARS KNOWN</b>	<b>RELATIONSHIP AND TITLE</b>		
<b>COMPANY</b>				
<b>WORK ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>

<b>NAME</b>	<b>YEARS KNOWN</b>	<b>RELATIONSHIP AND TITLE</b>		
<b>COMPANY</b>				
<b>WORK ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>

## 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: \_\_\_\_\_

## AVAILABILITY

Availability for the next 6 months		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	START TIME							
	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.

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Applicant Signature

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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

<b>Please: Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH:		
Empl ___	Vol/Contractor ___	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
<b>Retain in your files</b>		

## 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 #:** \_\_\_\_\_



