

# Border Region Behavioral Health Center

## IMPORTANT INSTRUCTIONS FOR JOB APPLICANTS!

*Please Read and Follow Instructions Carefully Before Completing Application.*

- Our office requires only **ONE** application be submitted. Please list all positions that you are interested on **ONE** application.
- Type or print in Blue or Black ink.
- Fill in all blanks completely, including your job duties in detail and the reason for leaving, for each position you held. A resume **WILL NOT** substitutes for the application, but may supplement a completed application.
- Sign and date the application. Return all forms to the Human Resources Office.
- Applicants for Therapist Technician must successfully pass the Adult Basic Literacy Examination (ABLE) test. A transcript from an accredited college showing completion of twelve (12) semester hours will be accepted in lieu of the ABLE test.
- **Submit official college transcripts, certifications and/or license, Current Texas driver license & Social Security Card and Selective Service Card with application.**
- When completing an application... The applicants should clearly describe on their application how they meet the minimum requirement (education, experience, and knowledge, skills and abilities) for the position. Interviewee selection is based on information provided explaining how the applicant meets each knowledge, skill and ability requirements. Resume and attachment explaining knowledge, skills and ability will be accepted for whatever additional information they contain, **BUT NOT IN PLACE OF A COMPLETED APPLICATION.**

### **WHAT HAPPENS TO YOUR APPLICATION AFTER YOU LEAVE IT WITH US?**

It will be fully evaluated based on:

- Position desired.
- Minimum qualifications-education, previous experience, skills and abilities.
- Due to the large volume of applications and individual response to each applicant may not be made. You will be notified by telephone when a personal interview is requested. All applicants interviewed will receive notification when a selection has been made. Those not selected will be sent a letter of non-select.
- Your application will remain active for six months during this time you may contact this office to be considered for another posted job vacancy, to check the status of your application, or to make an address or telephone number change.
- Border Region Behavioral Health Center has commitment to the principle of diversity. In that spirit, we welcome applications from all individuals. Women, minorities and individuals with disabilities are encouraged to apply. Border Region Behavioral Health Center is an Equal Employment Opportunity-Affirmative Action Employer.

**Border Region Behavioral Health Center**

**1500 Pappas St.\P.O. Box 1835**

**Laredo, Texas 78044-1835**

**Tel: (956) 794-3045\Fax: (956) 794-3120**

**Website address: [www.borderregion.org](http://www.borderregion.org)**

# HR-32 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 must be separated from the application.

1. Name (type or print)		2. Social Security Number		3. Position	
4. Address			City	State	5. Phone Number ( )
6. Sex <input type="radio"/> Male <input type="radio"/> Female	7. Birthdate	8. Race/Ethnic Origin (Check preferred) <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> Native <input type="radio"/> Hispanic <input type="radio"/> White Pacific Islander American/Alaskan			
9. How did you find out about this job?					
<input type="radio"/> 01- Other Employee	<input type="radio"/> 05- Newspaper _____	<input type="radio"/> 09- Texas Workforce Commission			
<input type="radio"/> 02- Job Fair	<input type="radio"/> 06- College/University Career Day	<input type="radio"/> 10- Other _____			
<input type="radio"/> 03- Professional Publication	<input type="radio"/> 07- Governor's Job Bank	<input type="radio"/> 11- Internet			
<input type="radio"/> 04- Recruitment Posting	<input type="radio"/> 08- Human Resources Office	<input type="radio"/> 12- Recruitment letter			
<input type="radio"/> 13- Professional Assn./Conference					

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Border Region Behavioral Health Center

## APPLICATION FOR EMPLOYMENT

**PRINT IN BLACK INK OR TYPE:** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A". **Do not leave questions blank.** Be sure to sign when completed. Border Region Behavioral Health Center 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, but each copy must be signed. **Resumes will not be accepted in lieu of application.** Unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

NAME: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (Middle)

MAILING ADDRESS \_\_\_\_\_ AC ( ) \_\_\_\_\_  
(Street) (City) (State) (Zip) (Home Phone)

E-MAIL ADDRESS \_\_\_\_\_

List any other names used if different from name on this application. \_\_\_\_\_ AC ( ) \_\_\_\_\_  
(Cell Phone)

List exact all titles of positions or type of work and location for which you wish to apply:
Do you have any relatives working for this agency? If so, list names and relationships:

Full-time  Part-time  Summer  Temp/Project  Date available for work: \_\_\_\_\_

Are you willing to work hours other than 8-5?  Yes  No

Are you willing to work days other than Monday – Friday?  Yes  No

Are you willing to travel?  Yes  No If yes, what percent of time? \_\_\_\_\_

Driver's License number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

Are you at least 17 years of age\18 years for Direct Care? Yes  No  A citizen of the United State? Yes  No

Have you ever been convicted of a felony or subjected to a deferred adjudicating 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:** Some agencies may require additional information related to convictions of misdemeanors.

**EDUCATION** (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations)  
 Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive 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/Minor Fields of Study
		From		To		Mo.	Yr.				
		Mo.	Yr.	Mo.	Yr.						
Undergraduate Colleges or Universities											
Graduate Schools											
Technical, Vocational, or Business Schools											

**AN EQUAL OPPORTUNITY EMPLOYER**

If a license, certificate, or other authorization 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.)

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Approximately how many words per minute do you type? \_\_\_\_\_

Do you speak a language other than English?      Yes       No

If yes, which language(s) do you speak? \_\_\_\_\_ How fluently?      Fair       Good       Excellent

Do you write in a language other than English?      Yes       No

If yes, which language(s) \_\_\_\_\_

**MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)**

Are you a veteran?    Yes     No     If yes, list type of discharge status \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

Are you a surviving spouse of a veteran?    Yes     No     Are you a surviving orphan of a veteran?    Yes     No

If yes, complete dates of service for veteran (From/To): \_\_\_\_\_

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

- I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
- I understand that some agencies will check with the Texas Department of Public Safety and /or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
- 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.

THIS APPLICATION MUST BE SIGNED      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 position.
2. Employment history should include **each position** held, even those with the same employer.
3. Give a brief summary of the technical and , if appropriate, the managerial responsibilities of each position you have held.
4. 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 Name
First Name
Middle Name
Social Security No.

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

Summary of experience:

Specific reason for leaving:

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

Summary of experience:

Specific reason for leaving:

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

Summary of experience:

Specific reason for leaving:

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

Summary of experience:

Specific reason for leaving:

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

Summary of experience:

Specific reason for leaving:

# RELEASE OF INFORMATION AUTHORIZATION

EMPLOYER: Border Region Behavioral Health Center

APPLICANTS FULL NAME: \_\_\_\_\_

(PLEASE PRINT, AND USE COMPLETE NAMES RATHER THAN INITIAS. SHOW ANY NICKNAMES IN PARENTHESES.)

AS THE APPLICANT NAMED ABOVE, I AUTHORIZE EMPLOYER AND/OR ITS AGENTS TO:

1. Obtain verification of any information provided by me in this employment application and in any supplemental Questionnaire, Exhibit, Resume, or Biographical sheet submitted by applicant;
2. Obtain information regarding my work habits and skills from my past and present employers, as well as listed or developed references or institutions;
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations;
4. Obtain information from educational institutions concerning my educational records, conduct, and skills; and
5. Obtain information concerning my credit history from credit reporting agencies, financial institutions, and other sources.

I FURTHER AUTHORIZE ALL INSTITUTIONS, AGENCIES, COMPANIES OR PERSONS REFERRED TO ABOVE TO GIVE EMPLOYER AND/OR ITS AGENTS ALL INFORMATION REQUESTED. UNDER THE FEDERAL FAIR CREDIT REPORTING ACT, I UNDERSTAND THAT I AM ENTITLED TO KNOW IF EMPLOYMENT IS DENIED BECAUSE OF INFORMATION OBTAINED BY EMPLOYER FROM A CONSUMER REPORTING AGENCY. I UNDERSTAND THAT I WILL BE SO ADVISED AND GIVEN THE NAME OF THE REPORTING AGENCY FOR MORE INFORMATION. I RELEASE EMPLOYER AND ALL OTHER PARTIES FROM ANY CLAIMS, LIABILITIES, AND DAMAGES RESULTING FROM OBTAINING OR FURNISHING INFORMATION. A COPY OF THIS AUTHORIZATION AND RELEASE SHALL BE AS VALID AS THE ORIGINAL.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Driver's License # - State  
(Photocopy Attached)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

◆ **HR-82 -- Pre-Employment Controlled Substance Testing**

Facility: **Border Region Behavioral Health Center**

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TO: All Applicants

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

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 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

## **Border Region Behavioral Health Center**

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### **Application Disclosure**

Pursuant to the requirement of the Fair Credit Reporting act, notice is given that a consumer report \* may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report and a statement of your consumer rights.

By signing below you consent to the procurement of a consumer report \* in connection with your application for employment and anytime thereafter.

Date: \_\_\_\_\_

Applicants (printed) Name: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(for consumer report purpose only)

**\* A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.**

## **NOTICE TO PROSPECTIVE EMPLOYEES**

Arrest related to any sexual offenses, drug related offenses, murder, theft, assault, battery, or any crime, involving personal injury or threat to another person may make you ineligible for employment in positions which involve direct contact with client facilities. The names of all prospective employees are cleared through the Texas Department of Public Safety to determine the existence of such records.

Falsification of information on the application for employment is ground for dismissal. Ask the personnel office for further information.

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Applicant's Signature