



Dove's Haven

228 Sharon Dr.
San Antonio, Texas 78216
Phone: 210-824-1520
Fax: 210-805-0939

EMPLOYMENT APPLICATION

This application is intended for use in evaluating your qualifications for the position applying for. If information is found to be false once hired, employment may be terminated. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, age, creed, national origin, sexual orientation, religion or physical disabilities.

- Please print clearly and answer all questions completely and accurately.
- If additional space is needed when answering a question, attach a separate page and specify which section the addition information is intended for.
- Make sure all sections requiring a signature are signed and/or dated.

Position(s) applying for: _____ Date of Application: _____

Salary Desired: _____ Date available to start: _____ Availability: _____

1. PERSONAL INFORMATION

Name (Last, First, Middle)	Social Security No.	TX Driver's License No.	Date of Birth
Address	City, State	Zip Code	Home Phone #
Previous Address	City, State	Zip Code	Alternate Phone #
E-mail Address			Alternate Phone #

Are you at least 18 years or older? Yes No

Have you been convicted of a crime within the past seven (7) years? Yes No

If Yes, Please Explain:

2. EDUCATION

Name of School	Location (City, State)	Dates Attended From	To	Graduated (Yes/No)	Type of Diploma or Degree	Major Field of Study
High School						
Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12				Did you graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Or, receive a GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University						
Technical or Vocational						

Describe any other special training you have had which you feel is pertinent. Give dates, location, and name of the organization/agency sponsoring the training. _____

3. LICENSES/REGISTRATIONS (If Applicable)

A. List any professional licenses, certifications, or credentials you hold. Include type of license, license #'s, expiration dates, and licensing agency.

B. Have you ever had a license or registration revoked or suspended?..... Yes No
 (If yes, provide Date, Agency Name, Address, Phone #, and reason for revoked or suspended)

Provider/ Agency	Address (Street, City, Zip)& Phone #
When were you denied?	What was the reason for the revocation or suspension?

C. Have you ever been denied a license or registration to care for individuals with developmental disabilities?
 (If yes, provide Date, Agency Name, Address, Phone #, and reason for denial) Yes No

Provider/ Agency	Address (Street, City, Zip)& Phone #
When were you denied?	What was the reason for the denial?

4. EMPLOYMENT AND EXPERIENCE

List all positions held within the last 6 years beginning with current or last employer. Attach additional sheet if needed.

<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Phone</u>
Job Title		Address	
Supervisor and Title		Summarize the work performed and Job Responsibilities	
Reason for Leaving		Hourly/Salary Final \$ Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Phone</u>
Job Title		Address	
Supervisor and Title		Summarize the work performed and Job Responsibilities	
Reason for Leaving		Hourly/Salary Final \$ Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Phone</u>
Job Title		Address	
Supervisor and Title		Summarize the work performed and Job Responsibilities	
Reason for Leaving		Hourly/Salary Final \$ Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

A. Describe the duties of each employment position listed that were in the area of providing service for persons with developmental disabilities.

B. Describe any other experience you have had with persons with developmental disabilities. Include personal experiences and volunteer work in the description. Give dates, locations and service provided.

5. SECURITY

A. Have you ever been investigated for Abuse or Neglect with the following:

- Texas Department of Protective and Regulatory Services..... Yes No
- Law enforcement agency (police, sheriff, etc.)..... Yes No
- Other (Specify)..... Yes No

If "Yes" to any of the above, What agency were you providing service for?	When did this occur?
Brief outcome of the investigation.	Where?

B. Have you ever been convicted of a crime (Felony or Misdemeanor) in the past? Yes No
If "Yes", please describe below.

Date of conviction	Location (City, State)	Describe Charge
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C. Do you have a felony or misdemeanor charges pending with the county or district attorney or are you now complying with the terms of a deferred adjudication? Yes No If "Yes", please describe below.

Name of Person	Type of charge	County where charges are pending or length of deferred sentence
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Give addition details about convictions, if needed. _____

CERTIFICATION AND RELEASE

(Please review the following statement carefully)

In consideration of employment with Doves Haven; I agree to conform to the policies and procedures of the company. I certify that the answers given by me on this application to provide services are true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or termination at any time.

I authorize Doves Haven and/or its agent, including consumer-reporting bureaus, to verify any of this information. I authorize former employers, persons, schools, companies, state agencies and law enforcement authorities to release any information concerning my background and hereby release said person, school, companies, state agencies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand that the use of illegal drugs, alcohol and inhalants is prohibited by Doves haven. If Company polices require, I am willing to submit to drug testing to detect the use of illegal drugs, alcohol or inhalants prior to and during employment.

Signature: _____ **Date:** _____

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Equal Employment Opportunity Form

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan Asian/Pacific Islander Black/African American
 Hispanic/Latino White/Caucasian Other

Gender

- Female Male

Military Service

- Pre-Vietnam Era Vietnam Era
 Post-Vietnam Era Disabled Veteran

How did you hear about this position?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Web Site
 Other _____

Signature: _____ Date: _____



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AUTHORIZATION TO CONDUCT BACKGROUND CHECKS

By execution of this document, I acknowledge that I have been informed by Doves Haven that a criminal history check will be performed. I have informed this agency of all names I have used in the past. I understand that my services are contingent upon successful completion of the background check, criminal history check, and Employee Misconduct Registry or Nurse Aide Registry.

The guidelines set by the State of Texas and governing all Home and Community Supports and Services Agencies dictate that a conviction of any of the crimes listed below will bar direct care with this agency regardless of when the crime was committed.

- Criminal homicide
- Kidnapping and unlawful restraint
- Continuous sexual abuse of young child or children
- Indecency with a child
- Sexual assault
- Aggravated assault
- Injury to a child, elderly individual, or disabled individual
- Abandoning or endangering child
- Aiding suicide
- Agreement to abduct from custody
- Sale or purchase of a child
- Arson
- Robbery
- Aggravated robbery
- Indecent exposure
- Improper relationship between educator and student
- Improper photography or visual recording
- Deadly conduct
- Aggravated sexual assault
- Terroristic threat
- Online solicitation of a minor
- Money laundering
- Medicaid fraud
- Cruelty to animals
- A Conviction under the laws of another state, federal law, or the uniform code of military

Furthermore, a person shall be barred if convicted of the following offenses within the last (5) years:

- Assault that is punishable as a Class A misdemeanor or as a felony
- Burglary
- Theft that is punishable as a felony
- Misapplication of fiduciary property or property of a financial institution, that is punishable as a Class A misdemeanor or a felony
- Securing execution of a document by deception, that is punishable as a Class A misdemeanor or a felony
- Disorderly conduct

My signature on this document indicates that I have not been convicted of any of the above listed crimes, I also understand that if I have been convicted of any offense(s), that I must disclose this information on the application or other contract information requests and failure to do so may lead to termination of application process or termination of contract, if discovered after an offer to contract is made.

SIGNATURE _____ Date _____

Printed Name _____ Date of Birth _____