**APPLICANTS: PLEASE REMOVE THIS PAGE AND KEEP FOR YOUR INFORMATION**

Job postings and the Application for Employment are available on the Camino Real Community Services web site [**www.caminorealcs.org**](http://www.caminorealcs.org)

Camino Real Community Services

Mailing address: P.O. Box 725

Administration Office: 19965 F.M. 3175 North (F.M. 3175 @ IH35)

Lytle, Texas 78052

**PHONE: (210) 357-0300 or (210) 357-0359**

**FAX: (830) 772-4304**

**E-mail:** [**hollyb@caminorealcs.org**](mailto:hollyb@caminorealcs.org)

Revised December 2021



**APPLICATION INFORMATION AND REQUIREMENTS**   
  
  
CAMINO REAL COMMUNITY SERVICES IS AN EQUAL EMPLOYMENT OPPORTUNITY/ADA/AFFIRMATIVE ACTION EMPLOYER.   
  
**HR LOCATION:** Human Resources Office, P.O. Box 725 (19965 F.M. 3175 North), Lytle, Texas 78052

|  |  |
| --- | --- |
| **PHONE NUMBERS:** | **Main Office:** (210) 357-0300 |
|  | **HR:** (210) 357-0359 |
|  | **FAX:** (830) 772-4304 |
|  | **Relay Texas:** 1-800-RELAYTX |

**APPLICATIONS TO BE CONSIDERED:** Human Resource Services will accept applications for specific positions only. It is the applicant's responsibility to come to or call Human Resource Services and activate his/her application for each position desired when the position is advertised. Positions posted as "until filled", may be closed at any time after the initial posting period. **HAND CARRIED** applications are accepted Monday through Friday during the hours of 8:00 A.M. - 12:00 P.M. and l:00 P.M. - 5:00 P.M   
  
**BIDS BY CENTER EMPLOYEES:** CAMINO REAL COMMUNITY SERVICES employees wanting to be considered for posted positions must submit a bid for each position and complete an updated application.   
  
**SCREENING OF APPLICATIONS:** Applicants meeting the minimum qualifications for a position will be considered; however, all applicants may not be interviewed.   
  
**REQUIRED DOCUMENTATION:** A copy of high school diploma/GED or college transcript/degree or license/certification must be provided by applicants before an offer of employment can be made. Transcript/degree must clearly show major and graduation date.   
  
**CONVICTION CLEARANCES:** Convictions related to any sexual offenses, drug related offenses, murder, theft, assault, battery, or any other crime involving personal injury or threat to another person may make you ineligible for employment with Camino Real Community Services. The names of all prospective employees are cleared through Texas Department of Public Safety to determine the existence of such records. All prospective employees will have their background checked through the Nurse Aide Registry and Employee Misconduct Registry. A revoked status listing in the Nurse Aide Registry or an unemployable status listing in the Employee Misconduct Registry is an absolute bar of employment. Prospective employees are also cleared through the Abuse and Neglect System. Falsification of the application for employment is grounds for dismissal, if employed.   
  
**DRUG FREE WORKPLACE:** Camino Real Community Services is a drug-free workplace. Pre-employment controlled substance abuse 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.   
  
**SELECTIVE SERVICE:** Effective September 1, 1999, state law requires all male U.S. citizens, and male aliens living in the U.S., who are age 18 through 25 to provide Selective Service registration.

**I.D. REQUIREMENTS:** As per the Immigration Reform and Control Act of 1986, (s. 1200) all applicants for employment are required to provide documents that provide proof of employment authorization and identity. Social Security Account Number Card and Driver License. (Alternate documents as per regulations).

**APPLICATION INFORMATION AND REQUIREMENTS (Cont’d.):**

**IN HOUSE TRAINING:** New employees who have direct contact responsibility with consumers will attend five (5) days of training prior to reporting to their regular assignment. New employees who do not have contact with consumers will attend a four-day orientation period. Training is scheduled and conducted 8:00 A.M. - 5:00 P.M. Monday through Friday in Lytle Texas.   
  
**BENEFITS AND PENSION:** Camino Real Community Services currently offers health coverage to employees who are benefit eligible. Agency pays $25,000 life and AD&D coverage for employee only. Optional coverages include eligible dependent health and life coverage; employee and eligible dependent dental coverage; additional life insurance and AD & D coverage for employee and eligible dependents; employee long and short-term disability; flexible spending account. Agency provides an Employee Assistance Program; 401K retirement plan, employee contributes 6%, employer matches the 6%; 11-13 paid holiday's annually; accrue 8 hours vacation and 8 hours sick leave monthly, vacation hour accrual increases with years of employment; and career ladder.   
  
**AT-WILL EMPLOYMENT AGREEMENT:** I understand that, as a condition of my request that Camino Real Community Services consider my application and possibly hire me, I must agree to Camino Real Community Services’ policy of dispute resolution, which I understand requires that all disputes between applicants or employees and Camino Real Community Services, it’s constituent member entities, and/or it’s officials and/or employees must be resolved solely by arbitration, in accordance with Camino Real Community Services’ Dispute Resolution Policy, a copy of which will be provided to me upon request. Such policy further requires I waive any right to participate in any class or collective action, either as a representative or member and that, instead, I must resolve any dispute, as an applicant or employee, through a single-party arbitration under the specific terms and conditions set forth in Camino Real Community Services’ Dispute Resolution Policy. I agree to be bound by all its terms in connection with the consideration of my application for employment and throughout my employment, including termination thereof, if I am hired.

**Camino Real Community Services**

**APPLICATION FOR EMPLOYMENT**

**PRINT IN BLACK OR TYPE.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter “NA”**. Do not leave questions blank.** Be sure to sign when completed. Camino Real Community Services is an Equal Opportunity Employer and does not discriminate based on race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must be signed.** **Resumes will not be accepted in lieu of applications.** This application becomes a permanent record of this agency.



|  |  |
| --- | --- |
| CURRENT  LEGAL NAME:  NO NICK NAMES | SOCIAL SECURITY NO: |
| (LAST) (FIRST) (MIDDLE)  MAILING ADDRESS: | AC ( ) |
| (STREET) (CITY) (STATE) (ZIP) | (HOME PHONE) |
| List any other names used if different from name on this application: | AC ( ) |

(WORK PHONE, OPTIONAL)

|  |  |
| --- | --- |
| List exact title of position or type of work and location for which you wish to apply: | Job Posting Number(s): |
| Do you have any relatives working for this agency? If so, list  names and relationships: | E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone/Pager No. ( ) |

|  |  |  |
| --- | --- | --- |
| Full-Time  Part-Time  Summer  Temp/Project | Date available for work? | |
| Are you willing to work hours other than 8-5? Yes  No | What days are you unable to work? | |
| Are you willing to travel? Yes  No  If yes, what percent of time? | | |
| Current Driver’s License # | | Commercial Driver’s License Yes  No |
| (State) (Number)  Are you at least 18 years of age? Yes  No | |  |
| Geographic preference (City/County. If no preference, write “any location.”)  Are you willing to relocate to meet the requirements of the position you are applying for? Yes  No | | |

**EDUCATION (NOTE:** Applicants are required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations upon request.)

Did you graduate from high school? Yes  No  Do you have a 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  Fields  of Study | Minor |
| From | | To | |
| Mo. | Yr. | Mo. | Yr. | Mo. | Yr. |
| Undergraduate  Colleges  or Universities |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Graduate  Schools |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |
| Technical,  Vocational,  or Business  Schools |  |  |  |  |  |  |  |  |  |  |  |  |
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## AN EQUAL OPPORTUNITY EMPLOYER

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### If a license, certificate, or other credentials 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? (If required for this position) ­­­­­­­­­­­­­­­­­­­­­­­­ wpm |
| Sign Language (If required for this position) Yes  No  Are you a certified interpreter? Yes  No |
| What is your primary language? How fluently? Fair  Good  Excellent |
| Do you speak a language other than English? (If required for this position) Yes  No  If yes, what language(s) do you speak?  How fluently? Fair  Good  Excellent |
| Have you ever been employed by Camino Real Community Services? Yes  No |
| **MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required.)  Dates of service (From/To): |
| Are you a veteran? Yes  No  If yes, list type of discharge status: |
| Are you a surviving spouse of a veteran? Yes  No  Are you a surviving orphan of a veteran? Yes  No |

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR**

#### UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify the information provided by me on my application, whether on this document or not, is true and correct, and I understand that any misrepresentations, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I must provide legal proof of authorization to work in the U.S.
3. I understand that Camino Real Community Services will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any background history information as in accordance with applicable statutes. I understand that Camino Real Community Services will check the Nurse Aide Registry and the Employee Misconduct Registry maintained by the Texas Department of Human Services. A revoked status listing in the Nurse Aide Registry or an unemployable status listing in the Employee Misconduct Registry is an absolute bar to employment. Prior to an offer of employment, applicants will also be screened for previous record of abuse or neglect.
4. I authorize any of the persons or organizations referenced in this application to give you all information concerning my previous employment, education, or any other information they might have, personal or otherwise, about 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.
5. I understand that any position with Camino Real Community Services that requires a license, certificate, or other credentials, must be provided upon hire.
6. I understand that any position with Camino Real Community Services that requires me to drive an agency vehicle, that I must possess a valid Texas Driver’s License, and must submit to a “Driver Record” check through the Texas Department of Public Safety.
7. I understand that, as a condition of my request that Camino Real Community Services consider my application and possibly hire me, I must agree to Camino Real Community Services’ policy of dispute resolution, which I understand requires that all disputes between applicants or employees and Camino Real Community Services, it’s constituent member entities, and/or it’s officials and/or employees must be resolved solely by arbitration, in accordance with Camino Real Community Services’ Dispute Resolution Policy, a copy of which will be provided to me upon request. Such policy further requires I waive any right to participate in any class or collective action, either as a representative or member and that, instead, I must resolve any dispute, as an applicant or employee, through a single-party arbitration under the specific terms and conditions set forth in Camino Real Community Services’ Dispute Resolution Policy. I agree to be bound by all its terms in connection with the consideration of my application for employment and throughout my employment, including termination thereof, if I am hired.

**THIS APPLICATION MUST BE SIGNED**

Please Sign Here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature – Applicant Date

HR-2 Page 3 of 5

**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.**
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Give a summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. 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 First Middle Social Security No.** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position Title:  Employer:  Mailing Address:  City & State/ZIP:  Employer’s Telephone No. AC ( ) | | | | | | | | Immediate Supervisor Name:  Title: | Full-Time |
| Part-Time |
| Summer |
| Temp/Project |
| Supervisor’s Telephone No.: | Give average # of  hours worked per  week if part-time |
| Starting Date | | | Leaving Date | | | Current/ | Technical | AC ( ) |
| Mo. | Day | Yr. | Mo. | Day | Yr. | Final Salary | Non-Managerial | If supervisory, number of employees  you supervised: |
|  |  |  |  |  |  |  | Supervisory |
| Summary of experience:  **Specific reason for leaving:** | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position Title:  Employer:  Mailing Address:  City & State/ZIP:  Employer’s Telephone No. AC ( ) | | | | | | | | Immediate Supervisor Name:  Title: | Full-Time |
| Part-Time |
| Summer |
| Temp/Project |
| Supervisor’s Telephone No.: | Give average # of  hours worked per  week if part-time |
| Starting Date | | | Leaving Date | | | Current/ | Technical | AC ( ) |
| Mo. | Day | Yr. | Mo. | Day | Yr. | Final Salary | Non-Managerial | If supervisory, number of employees  you supervised: |
|  |  |  |  |  |  |  | Supervisory |
| Summary of experience:  **Specific reason for leaving:** | | | | | | | | | |

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|  |
| --- |
| **Name:** |
| **Last First Middle Social Security No.** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position Title:  Employer:  Mailing Address:  City & State/ZIP:  Employer’s Telephone No. AC ( ) | | | | | | | | Immediate Supervisor Name:  Title: | Full-Time |
| Part-Time |
| Summer |
| Temp/Project |
| Supervisor’s Telephone No.: | Give average # of  hours worked per  week if part-time |
| Starting Date | | | Leaving Date | | | Current/ | Technical | AC ( ) |
| Mo. | Day | Yr. | Mo. | Day | Yr. | Final Salary | Non-Managerial | If supervisory, number of employees  you supervised: |
|  |  |  |  |  |  |  | Supervisory |
| Summary of experience:  **Specific reason for leaving:** | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position Title:  Employer:  Mailing Address:  City & State/ZIP:  Employer’s Telephone No. AC ( ) | | | | | | | | Immediate Supervisor Name:  Title: | Full-Time |
| Part-Time |
| Summer |
| Temp/Project |
| Supervisor’s Telephone No.: | Give average # of  hours worked per  week if part-time |
| Starting Date | | | Leaving Date | | | Current/ | Technical | AC ( ) |
| Mo. | Day | Yr. | Mo. | Day | Yr. | Final Salary | Non-Managerial | If supervisory, number of employees  you supervised: |
|  |  |  |  |  |  |  | Supervisory |
| Summary of experience:  **Specific reason for leaving:** | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position Title:  Employer:  Mailing Address:  City & State/ZIP:  Employer’s Telephone No. AC ( ) | | | | | | | | Immediate Supervisor Name:  Title: | Full-Time |
| Part-Time |
| Summer |
| Temp/Project |
| Supervisor’s Telephone No.: | Give average # of  hours worked per  week if part-time |
| Starting Date | | | Leaving Date | | | Current/ | Technical | AC ( ) |
| Mo. | Day | Yr. | Mo. | Day | Yr. | Final Salary | Non-Managerial | If supervisory, number of employees  you supervised: |
|  |  |  |  |  |  |  | Supervisory |
| Summary of experience:  **Specific reason for leaving:** | | | | | | | | | |

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**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 will be separated from the application.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Job Posting Number | | 2. Social Security No. | | | 3. Last Name (Type or Print) First Middle | | | | | |
| 4. Address | | | City | | | State | ZIP Code | | 5. Home Phone  ( ) | 6. Work Phone  ( ) |
| 7. Sex  **M**-Male  **F**-Female | 8. Birth Date | | 9. Ethnic Origin  Asian/Pac. Am.Ind/  **W**-White  **B**-Black  **H**-Hispanic  **P**-Islander  **I**-Alaskan  **O**-Other | | | | | | | |
|  | | | | | | | | | | |
| 10. Veteran  Yes  No | | | | 11. Spouse of Veteran  Yes  No | | | | 12. Orphan of Veteran  Yes  No | | |
| 13, How did you find out about this job?  **01** – Other Agency Employee  **06** – Newspaper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **11** – Texas Workforce Comm./  Name of Newspaper Hire Texas  **02** – Job Fair   **07** – College/University Career Day  **03** – Professional Publication  **08** – Human Resource/Personnel Office  **12** – Other (specify)  **04** – Recruitment Poster  **09** – Radio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **05** – Television  **10** – Agency Web Site - Internet | | | | | | | | | | |

x

Signature – Applicant Date

**White (not of Hispanic origin) -** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black (not of Hispanic origin)** **–** All persons having origins in any of the Black racial groups of Africa.

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native** – All Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**AN EQUAL OPPORTUNITY EMPLOYER**

**HR-2a**

##### Camino Real Community Services

*19965 F.M. 3175 North*

*P.O. Box 725*

*Lytle, TX 78052*

***Phone:*** *(210) 357-0300*

***Fax:*** *(830) 772-4304*  **Veronica A. Sanchez, Executive Director *Crisis Hotline:*** *(800) 543-5750*

AUTHORIZATION FOR RELEASE OF INFORMATION

|  |  |
| --- | --- |
|  | I hereby authorize the release  of the following information  requested by the CAMINO REAL  COMMUNITY SERVICES  **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature |
| RE:  SSN:  DATES EMPLOYED: | |
| The above-named individual has applied to this agency for employment as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and has listed you as a prior/current employer. It would be appreciated if you would assist us by completing the following questionnaire. Employees of this agency have access to their personnel files and this verification will become a part of that file. Thank you for your cooperation and prompt attention to this request.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Human Resources Officer | |

1. Dates of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Title of position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Give a brief description of the duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Were you the applicant’s employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-worker? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Reason(s) for leaving employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Use of sick leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Reliability and punctuality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Were performance evaluations satisfactory? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Comments on how individual got along with co-workers and supervisors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the individual eligible for re-hire with your organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Respondent Position Title

**Pre-Employment Controlled Substance Testing**

# **From: Human Resource Services**

**TO:** **All Applicants**

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

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 an agency appointed 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

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

**(CAMINO REAL COMMUNITY SERVICES)**

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| 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. 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 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)**

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| **Please:** | | | | | | | | | | | | | |
| **Check and Initial each Applicable Space** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| CCH Report Printed: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| YES | 🞏 | NO | | | 🞏 | |  | | | |  | initial | |
|  | | | | | | | | | | | | | |
| Purpose of CCH: | | | | | |  | | | | | | |  |
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| Hired |  | Not Hired | | | | | |  |  | |  | initial | |
|  | | | | | | | | | | | | | |
| Date Printed: | | | / | | | | | | |  |  | initial | |
|  | | | | | | | | | | | | | |
| Destroyed Date: | | | |  | | | | |  | |  | initial | |
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| **Retain in your files** | | | | | | | | | | | | | |

Signature of Applicant or Employee

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Date

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| Camino Real Community Services |

Agency Name (Please print)

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Agency Representative Name (Please print)

­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Agency Representative

|  |
| --- |
|  |

Date

***Background Checks***

All Camino Real Community Services employees are subject to a history check as conducted by Texas Department of Public Safety. Consistent with the Texas Health and Safety Code, §250.006, convictions of offenses, which constitute an absolute bar to employment and volunteer status include:

* criminal homicide (Penal Code, Chapter 19).
* kidnapping and false imprisonment (Penal Code, Chapter 20).
* indecency with a child (Penal Code, §21.11).
* sexual assault (Penal Code, §22.011).
* aggravated assault (Penal Code, §22.02).
* injury to a child, elderly individual, or disabled individual (Penal Code, §22.04).
* abandoning or endangering a child (Penal Code, §22.041).
* aiding suicide (Penal Code, §22.08).
* agreement to abduct from custody (Penal Code, §25.031).
* sale or purchase of a child (Penal Code, §25.08).
* arson (Penal Code, §28.02).
* robbery (Penal Code, §29.02)
* aggravated robbery (Penal Code, §29.03).
* 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 like the elements of an offense listed above; and,
* a felony conviction for the theft (Penal Code, Chapter 31) which occurred within the previous five years.
* indecent exposure (Penal Code §21.08).
* improper relationship between educator and student (Penal Code §21.12).
* improper photography or visual recording (Penal Code §21.15).
* deadly conduct (Penal Code §22.05).
* aggravated sexual assault (Penal Code §22.021).
* terroristic threat (Penal Code §22.07).
* online solicitation of a minor (Penal Code §33.021).
* money laundering (Penal Code §34.02).
* Medicaid fraud (Penal Code §35A.02).
* Obstruction or retaliation (Penal Code §36.06).
* cruelty to animals (Penal Code §42.09 and 42.092).
* false identification as peace officer (Penal Code §37.12).
* Disorderly conduct (Section 42.01 (a) (7), (8), or (9), Penal Code.

In addition, individuals may not be employed by, assigned volunteer status at, or serve as a professional clinical intern at a facility, local authority, community center or provider who have been convicted of any offense listed above; convicted of an offense that the facility, local authority, community center or provider has determined to be a contraindication to employment or volunteer status at that entity; is listed as revoked in the Nurse Aide Registry; or listed as unemployable in the Employee Misconduct Registry.

Current employees that are subject to traffic citations or any other arrest are required to report it to their immediate supervisor as well as Human Resources, as soon as possible. Failing to do so, may jeopardize your employment.

I hereby certify that I have been informed of this requirement. I also understand and acknowledge that:

 a history record check will be conducted by the Texas Department of Public Safety,

 if the Texas Department of Public Safety report indicates a conviction for any of the above offenses, this may result in immediate termination, and

 no administrative review is required unless there is an error of fact or identity in the criminal history record.

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Applicant’s Signature Date

cc: Employee file

Agency human resource office

**Veteran's Preference Form**

Senate Bill 646, 74th Legislature, Regular Session, Section 657.002 requires Camino Real Community Services to give veteran's preference in employment and retention. The following individuals are entitled to veteran's employment preference:

**(a)** A veteran qualifies for a veteran's employment preference if the veteran:

(1) served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service-connected disability.

(2) was honorably discharged from military service; and

(3) is competent.

**(b)** A veteran's surviving spouse who has not remarried qualifies for a veteran's employment preference if:

(1) the veteran was killed while on active duty.

(2) the veteran served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law: and

(3) the spouse is competent.

**(c)** A veteran's orphan qualifies for a veteran's employment preference if:

(1) the veteran was killed while on active duty.

(2) the veteran served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law: and

(3) the orphan is competent.

**In this section, "veteran" means an individual who served in the Army, Navy, Air Force, Marine Corps, or Coast Guard or the United States or in an auxiliary service of one of those branches of the armed forces. The individual must have served a minimum of 180 days on active duty (excluding training), of which 90 consecutive days must have been during a national emergency declared in accordance with federal law (defined as Spanish-American War, World War I, World War II, Korean War, and the cold war era - 1955 until present).**

**Auxiliary service were the women's units (WAF, WAC, WM, and WAV).**

Are you entitled to veteran's preference?  Yes  No

Veteran  Yes  No DD Form 214 Provided  Yes  No

Widow of a Veteran  Yes  No DD Form 1300 or Appropriate Documentation Provided  Yes  No

Orphan of a Veteran  Yes  No DD Form 1300 or Appropriate Documentation Provided  Yes  No

Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of service: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documentation such as a DD Form 214 will be required to substantiate status as a veteran. Orphans and widows of veterans can use a DD Form 1300, set of orders (death), or other official Department of Defense documentation outlining the periods of service and circumstances of death.**

***Documentation must be provided before Veteran’s preference can be granted.***

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**Name (Print) Signature Date**