 APPLICATION for EMPLOYMENT

Marbridge is an equal opportunity employer. Employment decisions are based on merit and business needs, and without regard to race, color, religion, age, creed, gender, sexual orientation, national origin, ancestry, disability, veteran status, marital status, political affiliation, or any characteristic protected by applicable federal, state or local laws. This application will be given every consideration, yet its receipt does not imply that the applicant will be employed.

 **Date:**

|  |
| --- |
| **Name****Last:**       **First:**       **Middle:**       |
| **Present Address****Street:**       | **Home Phone**      |
| **City:**       **State:**    **Zip Code:**       | **Cellular / Other**      |
| **Social Security #**      | **Email Address**      |

Are you over 18? Yes [ ]  No[ ]  *(If No, you may be required to provide authorization to work)*

Are you legally eligible to be employed in the United States? Yes [ ]  No[ ]

*(Proof of identity and eligibility will be required upon employment)*

Have you ever received a criminal conviction of any kind? Yes[ ]  No [ ]

If Yes, please explain (1) offense (2) location and (3) disposition:

NOTE: *A conviction will not necessarily disqualify you from employment.*

**EMPLOYMENT DESIRED**

Position       [ ]  Full-time [ ]  Part-time [ ]  As needed

Salary Requested       Date You Could Begin Work

Have you ever worked at any Marbridge facility before? Yes [ ]  No [ ]  *(If Yes, which facility?)*

How did you learn about this open position?

Marbridge provides services to our residents on a 24-hour basis, every day of the year. Consequently, we need a number of employees who are willing to work non-traditional hours. Please check the days that you are available to work and check the shifts that you can work for that day.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **6am-2pm** | **2pm-10pm** | **10pm-6am** | **5am-1pm** | **11am-7pm** | **3pm-11pm** | **Doubles6am-10pm** | **Admin/Instr8am-4:30pm** |
| Monday | [ ]  | [ ]  |    |    |    |    |    |    |    |    |
| Tuesday | [ ]  | [ ]  |    |    |    |    |    |    |    |    |
| Wednesday | [ ]  | [ ]  |    |    |    |    |    |    |    |    |
| Thursday | [ ]  | [ ]  |    |    |    |    |    |    |    |    |
| Friday | [ ]  | [ ]  |    |    |    |    |    |    |    |    |
| Saturday | [ ]  | [ ]  |    |    |    |    |    |    |    |    |
| Sunday | [ ]  | [ ]  |    |    |    |    |    |    |    |    |

Notes:

**WORK HISTORY** 

List names of your employers starting with present or most recent employer. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Continue on a separate page if necessary. DO NOT REFERENCE YOUR RESUME.

|  |  |  |
| --- | --- | --- |
| Name of Employer      | Dates Employed | Salary |
| Full Address      | FromMo   Yr     | ToMo   Yr     | Starting$     Ending$      |
| Telephone (       )       | Position / Department      |
| Supervisor Name      | Reason for Leaving      |
| Describe Job Functions / Responsibilities      |

|  |  |  |
| --- | --- | --- |
| Name of Employer      | Dates Employed | Salary |
| Full Address      | FromMo   Yr     | ToMo   Yr     | Starting$     Ending$      |
| Telephone (       )       | Position / Department      |
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|  |  |  |
| --- | --- | --- |
| Name of Employer      | Dates Employed | Salary |
| Full Address      | FromMo   Yr     | ToMo   Yr     | Starting$     Ending$      |
| Telephone (      )       | Position / Department      |
| Supervisor Name      | Reason for Leaving      |
| Describe Job Functions / Responsibilities      |

Are you presently employed? Yes [ ]  No [ ]  If yes, may we contact your present employer? Yes [ ]  No [ ]

**Describe why you are interested in working for Marbridge.** List the knowledge, skills and abilities that you feel particularly qualify you for a position with us.

**EDUCATION** 

|  |  |  |
| --- | --- | --- |
| **Name and Location of School** | **Graduated?** | **Degree / Course of Study** |
|       |       |       |
|       |       |       |
|       |       |       |

Summarize special job-related skills and qualifications acquired from employment or other experience:

List any professional licenses / certifications you maintain

 *(Provide license / certification number, if applicable)*

If CNA, LVN or RN, list certification number and expiration date

Are you able to perform the essential functions of the position for which you are applying? Yes [ ]  No [ ]

*NOTE:* *If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.*

**BUSINESS OR PROFESSIONAL REFERENCES**

Provide three references, not relatives:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Job Title** | **Contact Phone #** | **Email Address or Alternate Contact #** | **Relationship** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**IMPORTANT – PLEASE READ AND SIGN**

I certify that the answers given herein are true and complete to the best of my knowledge. I hereby authorize Marbridge to contact any company or individual it deems appropriate for a full and complete investigation of any and all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. I understand that references will be checked carefully and may influence the hiring decision; I hereby absolve and release previous employers and my references from liability for the information they provide. I understand that any false, misleading, omitted, or otherwise incorrect statements made on this application form or during any interview may be grounds to not hire or for my immediate discharge.

I agree that, if I am employed, I will abide by all the rules and regulations of Marbridge. I understand that drug and alcohol testing, when given pursuant to company policy, is a condition of continued employment, and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that no one at Marbridge is authorized to enter into any written or verbal employment contract with me for any defined period of time without the express written consent of the President of Marbridge. I also understand that if I am hired my employment is “at-will” and may be terminated by myself or by Marbridge at any time for any reason or no reason at all, with or without prior notice.

Signature:       Date:

Printed Name:



## Criminal History and Sex Offender Background Check

## Authorization Form

Chapter 250, TDHS Health and Safety Code, requires that persons convicted of certain crimes may not be employed in direct contact with a consumer in specified facilities and agencies providing care to the aged and disabled. We must ensure the safety of our community, and to do so we ask you to provide us the following information and authorize us to conduct a criminal history and sex offender background check. We will hold the information you provide us in complete confidentiality.

I       , give permission to Marbridge to use my personal information provided below to conduct a criminal history and sex offender background check.

Name:

Other names used (maiden, married, previous, etc):

Social Security Number:       Date of Birth:

Race/Ethnicity:       Gender:

Current Street Address:

City:       State:    Zip Code

Have you lived outside of Texas during the past ten years? Yes [ ]  No [ ]

If yes, please provide your previous address (es)

1. Street:       City:       State:    Zip:
2. Street:       City:       State:    Zip:
3. Street:       City:       State:    Zip:

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I realize that this is privileged information and should be for exclusive use of this facility.

Signature Date

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

I,       , have been notified that a computerized criminal history (CCH)

 Applicant or Employee Name (Please Print)

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 in order 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 $9.95 to the fingerprinting services company, L1 Enrollment 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)**

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

Signature of Applicant or Employee

Date

**Marbridge Foundation**

Agency Name (Please Print)

Agency Representative Name (Please Print)

Signature of Agency Representative

Date