

Employment Application



The Brookwood Community

The Brookwood Community is an Equal Opportunity Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not indicate "See Resume.")

APPLICANT INFORMATION			
Last Name:	First:	M.I.	Date
Street Address		Apartment/Unit #	
City:	State:	ZIP:	
Previous Address:	State:	ZIP:	
Phone:	E-mail Address:		
Position Applied for:		Salary Expectation:	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Days you are not available to work:			
Do you have any physical limitations we should be aware of?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
List any other names you have used in the past (Maiden name, alias, etc):			

EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:

Do you hold a Texas Teacher's Certificate or other professional credentials that qualify you for this position: If so, please list:

Please list any courses/seminars/apprenticeships/workshops/talents, etc., pertinent to this position:

PREVIOUS EMPLOYMENT		
Company 1:	Phone ()	
Address:		
Job Title:	Starting Salary \$	Ending Salary \$

Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Supervisor Name:		
Company 2:		Phone ()
Address:		
Job Title:	Starting Salary \$	Ending Salary \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Supervisor Name:		
Company 3:		Phone ()
Address:		
Job Title:	Starting Salary \$	Ending Salary \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Supervisor Name:		

REFERENCES	
<i>Please list AT LEAST THREE professional references.</i>	
Full Name:	Relationship:
Company:	Phone ()
Address:	
Full Name:	Relationship:
Company:	Phone ()
Address:	
Full Name:	Relationship:
Company:	Phone ()
Address:	
Full Name:	Relationship:
Company:	Phone ()
Address:	
Full Name:	Relationship:

Company:	Phone: ()
Address:	

ADDITIONAL QUESTIONS
Expand on any experience you have had with adults or children with functional disabilities. What type of setting . . . classroom, clinic, sheltered workshop, caseworker, etc.?
What is your interest in this group of people?
In addition to your formal education, do you possess any skills, talents, etc. that might be beneficial to this position?

BACKGROUND INQUIRY						
Due to the nature of the disabilities of the citizens of The Brookwood Community, it is our policy to provide a safe and secure environment by ensuring the integrity and honesty of our employees. For this reason we ask that you complete the questions below:						
<table border="1"> <tr> <td>Have you been convicted under the Texas Controlled Substances Act?</td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>If so, when?</td> </tr> <tr> <td>Have you ever been convicted of a criminal offense other than a minor traffic violation?</td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>If so, when?</td> </tr> </table>	Have you been convicted under the Texas Controlled Substances Act?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	Have you ever been convicted of a criminal offense other than a minor traffic violation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you been convicted under the Texas Controlled Substances Act?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a criminal offense other than a minor traffic violation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?				
Please Explain:						

DISCLAIMER AND SIGNATURE
PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.
I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Brookwood Community to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Brookwood Community serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.
Signature: _____ Date: _____

**ADDENDUM TO APPLICATION
CONFIDENTIAL**

A. Pre-Employment Drug Screen Consent Form

The Brookwood Community wants to be an integral part of a drug free society by maintaining a drug free workplace. Therefore, we ask that you read and sign the following:

I understand the Brookwood Community is a drug free workplace and I hereby voluntarily consent for a urine or hair sample to be collected from me and submitted for a drug screening test. Further, I consent to the release of the test results to Human Resources Department for their confidential review and use in determining my suitability for employment with Brookwood. I understand that any positive test results may preclude my employment.

Signature

Date

B. Personal History Information

I understand the following information I am providing will be used to solely obtain criminal history and department of motor vehicle information in order to determine my eligibility for employment. This information will not be used to violate the spirit of law as it refers to Title VII of the Civil Rights Act of 1964, especially as it relates to age, sex, and ethnicity, in the hiring decision.

Drivers License Number _____

State of Issue _____

Date of Expiration _____

Date of Birth _____

Social Security Number _____

Print Name

Date

Signature