

Employment Application



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. Save and 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.") If you do not save prior to completing the application, your responses may not be saved. **Online Applicants:** There is an addendum to the application once an applicant reaches the interview stage that includes personal information for background check purposes.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Previous Address		State		ZIP	
Phone		E-mail Address			
Desired Position		FT	PT	Salary Expectation	
Referred by			Are you 18 years of age or older?	YES	NO
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever worked for this company?	YES	NO	If so, when?		
Days you ARE NOT available to work					
Do you have any physical limitations we should be aware of?			YES	NO	If yes, please explain below:
List any other names you have used in the past (Maiden name, alias, etc.)					
EDUCATION					
High School		Address			
Did you graduate?	YES		NO		Degree
College		Address			
Did you graduate?	YES		NO		Degree
Other		Address			
Did you graduate?	YES		NO		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	NO 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	NO 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	NO Supervisor Name

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?

REFERENCES - PLEASE LIST AT LEAST THREE PROFESSIONAL REFERENCES

Name	Relationship
Company	Phone
Address	
Name	Relationship
Company	Phone
Address	
Name	Relationship
Company	Phone
Address	
Name	Relationship
Company	Phone
Address	

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

Have you been convicted under the Texas Controlled Substances Act?	YES	NO	If so, when?
Have you ever been convicted of a criminal offense other than a minor traffic violation?	YES	NO	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
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**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

**ADDENDUM TO APPLICATION
CONFIDENTIAL**

B. Background Screening, Consumer Report & Investigative Consumer Report Request, Authorization, Consent and Release

I understand that in conjunction with my application for employment, the Brookwood Community will use the services of an outside agency to procure consumer and/or investigative consumer reports in order to research and verify the information that I have provided with my application for employment. I understand that specifically, the following information will be used to obtain information concerning my criminal history as well as information from the department of motor vehicles 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.

I request, authorize and consent to the procurement of consumer reports by Brookwood as part of the employment application investigation. I understand that these reports may include the following types of information: motor vehicle accidents, drugs/alcohol use, criminal history, or any other information about me which may reflect upon my potential for employment gathered from any individual organization, entity, agency or other source which may have knowledge concerning such information. Such reports may contain public record information concerning my motor vehicle driving record and criminal records, etc. from federal, state and other agencies.

I also request, authorize and consent to the procurement of an investigative consumer report by Brookwood Community as part of the employment application investigation. I understand that the investigative consumer report may contain information about my background, character, personal characteristics, and general reputation and may contain information from public record sources or personal interviews with neighbors, friends or associates.

Attached to this form is a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act ("FCRA"). I know that, upon written request, I will be entitled to a complete disclosure concerning the nature and scope of this investigation, copies of the consumer reports, and the name, address, and telephone number of the consumer reporting agencies that issued reports to the Community. In accordance with the FCRA, 15 U.S.C. §§ 1681-1681u, the Community will notify me prior to and after taking adverse action against me such as denying employment, because of information obtained from a consumer report and/or investigative consumer report.

I hereby fully release and discharge the Brookwood Community, its directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency or other source providing information to the Brookwood Community for all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

By signing below, I certify that I have read and fully understand this authorization and release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this authorization and release voluntarily and with the knowledge that the information being authorized and released could affect my being hired, my employment, or my eligibility for promotion.

Print Name

Date

Signature