

EEO DATA CARD
(Electronic Version)

This information does not become a part of the hiring process, nor will the information be considered by those involved in the hiring process. This data is being collected for Equal Employment Opportunity monitoring.

Name: _____

Today's Date: _____

WHERE DID YOU LEARN ABOUT THIS JOB? _____

SOCIAL SECURITY NUMBER: Male Female

CHECK ONE ONLY:

- 1 Black (but not of Hispanic origin)
- 2 Asian or Pacific Islanders
- 3 American Indian or Alaskan Native
- 4 Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 5 White (but not of Hispanic origin)

Please give date of birth, Month Day Year

This card is to be completed and returned to the Human Resources Office.

FOR OFFICE USE ONLY

Facility No.	_____
Available File	Fac. <input type="checkbox"/> CO <input type="checkbox"/> St. W. <input type="checkbox"/>
Category No.	_____
Subgroups	_____

ANDERSON/CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS) EMPLOYMENT APPLICATION

Referral Source Advertisement Employee Relative Other _____
 Walk-In Name of Source (If Applicable) _____

PRINT IN INK OR TYPE: Resumes will be accepted, but not in place of completed application. An application will be considered only if it is signed and all questions are answered.

I. PERSONAL DATA

DATE _____

Name: Last, First and Middle Initial _____

Social Security Number _____

Address _____

City _____

State _____

Zip _____

Home Phone Number _____

Work, Cell or Other Phone Number _____

II. EDUCATION: High School? Yes No Completed GED? Yes No

College/University	City, State	Degree Earned or Hours Earned	Major	Date of Graduation

III. LICENSE, REGISTRATION , OR CERTIFICATION

Type _____

License Number _____

Granted By _____

State of _____

License/Certification Valid From _____ to _____

Specialty _____

Original Date _____

Expiration Date _____

IV. SKILLS/ABILITIES

Typing/WP Speed _____ (wpm) Computer Skills: _____

Language Skills: Yes No Type: _____

Fluent Written? Yes No Fluent Verbal? Yes No

Other Skills: _____

V. GENERAL INFORMATION

Title of Position(s) for which you are applying: _____

Have you previously worked for ACCESS? Yes No

Do you Currently Work at ACCESS? Yes No Current Position: _____

Do You Have Any Relatives(s) Working At This Agency Or Serving As A Board Of Trustees Member? Yes No

If Yes, List Name(s) and Relationship(s): _____

VI. WORK PREFERENCE

Earliest Date You Are Available For Employment _____

Salary Range Acceptable: \$ _____

Will You Consider? Day Shift Only Evening Shift Full-Time Employment Temporary Employment
 Any Shift Night Shift Part-Time Employment Flexible Time/Schedule

Your Major Area of Experience?

Adult Mental Health Intellectual/Developmental Disability Substance Abuse Case Management

Management Administration Clerical/Secretarial Child & Adolescent Mental Health Forensic

Other _____

VII. EMPLOYMENT HISTORY: List your employment history in reverse order – LAST JOB FIRST.

As a minimum, include all employment for past five years, with emphasis on last two positions. Please include any relevant work experience, regardless of when employed.

If you are currently employed, may we inquire with your present employer? Yes No

A. Employer: _____ Position Title: _____

Address: _____

Date Employed: From _____ To _____ Salary (Ending) \$ _____

Supervisor's Name and Title _____ Phone _____

Reason for Leaving: _____

Description of Duties: _____

B. Employer: _____ Position Title: _____
Address: _____
Date Employed: From _____ To _____ Salary (Ending) \$ _____
Supervisor's Name and Title _____ Phone _____
Reason for Leaving: _____
Description of Duties: _____

C. Employer: _____ Position Title: _____
Address: _____
Date Employed: From _____ To _____ Salary (Ending) \$ _____
Supervisor's Name and Title _____ Phone _____
Reason for Leaving: _____
Description of Duties: _____

D. Employer: _____ Position Title: _____
Address: _____
Date Employed: From _____ To _____ Salary (Ending) \$ _____
Supervisor's Name and Title _____ Phone _____
Reason for Leaving: _____
Description of Duties: _____

E. Employer: _____ Position Title: _____
Address: _____
Date Employed: From _____ To _____ Salary (Ending) \$ _____
Supervisor's Name and Title _____ Phone _____
Reason for Leaving: _____
Description of Duties: _____

Attach Additional Page(s) If Necessary.

VIII. CLIENT ABUSE/NEGLECT AFFIDAVIT

I hereby certify that I have not had a confirmed finding of Abuse or Neglect in any previous employment. I am aware that my signature on this application authorizes this Center to check with any previous employers directly to confirm that any information I may provide to you about such employment is accurate.

Applicant Signature

Date

IX. GENERAL AFFIDAVITS

AT A MINIMUM THE CENTER WILL CHECK THE MOST CURRENT THREE BUSINESS (WORK) REFERENCES, ADDITIONAL REFERENCES MAY BE ATTACHED.

I hereby authorize ACCESS to investigate my background, education, and experience. I also authorize former employers, former supervisors, and other persons with knowledge of my background, education or experience to provide any and all information to the Center. I understand any information collected during such investigations will be confidential and I will NOT be given access to the information.

I am also aware that ACCESS will (1) conduct a criminal conviction check through the Department of Public Safety and that certain convictions can be cause for termination from employment or contraindications to hire for certain positions, and (2) that driving records are check to determine insurability for center-related driving. An adverse driving record can cause an employee to be ineligible for hire.

Texas Driver's License # _____ Expiration Date _____

Have you ever been convicted or have pending charges of any violation of the law other than minor traffic violations? Yes No

If Yes, Explain: _____

I understand that a physical examination may be required for my employment and am willing to undergo such examination if requested, including such drug screening as may be requested.

I certify that the statements in this application are true and complete. I understand any false statement may be sufficient grounds for my application to be rejected or for discharge if I am already employed by the Center.

Applicant's Signature

Date

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

Applicant's Signature

Date

PROCEDURE: Arbitration and Single-employee Resolution Procedure

PURPOSE: To provide a single mechanism to resolve disputes between ACCESS Center and its Employees

PROCEDURE:

Consistent with the laws of the State of Texas, and notwithstanding any provision in an Arbitration Agreement, ACCESS Center personnel rules, or any other writing that does not expressly purport to modify this specific Employee's employment at-will status, Employee's employment with ACCESS Center, regardless of specific job assignment, is, and shall remain, employment at-will. Accordingly, Employee has, and will have, the right to resign from Center's employment at any time, with or without notice, and with or without cause. Similarly, ACCESS Center may terminate Employee's employment at any time, with or without notice, and with or without cause.

An Arbitration Agreement is not intended to, and does not, alter Employee's at-will employment status with ACCESS Center. Employee's at-will employment with ACCESS Center may only be modified by a separate written agreement that specifically states an intent to make that specific change and is signed by Employee and ACCESS Center's Chief Executive Officer. No other representation, whether written or oral may modify this relationship. The terms of this Agreement may only be modified by a separate written agreement that specifically states an intent to make that specific change and is signed by Employee and ACCESS Center's Chief Executive Officer.

Any controversy or dispute between Employee and ACCESS Center or any of its constituent members, employees, officers, agents, affiliates, or benefit plans, arising from or in any way related to Employee's employment by ACCESS Center, or the termination thereof, including but not limited to the construction or application of this Agreement, shall be resolved exclusively by final and binding single-person arbitration self-administered by the parties with an arbitrator selected by the employee from a list of at least three eligible arbitrators and shall use the Expedited Employment Arbitration Rules of the American Arbitration Association ("AAA") as modified to limit any arbitration to 120 days and to limit discovery to two depositions per side, each no longer than three hours, and to preclude any written discovery beyond fifteen requests for production. As a further condition of employment, any and all class and/or collective actions must be waived by each applicant and employee and are not permitted, regardless of whether the action is brought by the Center or an employee.

Each Applicant must agree to arbitrate and to waive class and collective action participation and each Employee, without exception, must sign and agree to the terms of the Arbitration Agreement as a condition of employment with ACCESS Center.

Initials Date

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

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 identifiers 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 conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 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)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

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