



SPINDLETOP CENTER

655 South 8th Street

Beaumont, Texas 77701

Phone (409) 784-5532

Fax (409) 784-5611

Website: www.sthmr.org

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS FOR COMPLETING APPLICATION

- **PRINT IN BLACK INK OR TYPE.** Fill out the application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. **Sign and date the completed application.**
- **Applications are only accepted for vacant positions that are currently posted.** You must indicate the position number or position title of the position for which you are applying on both the application and the EEO Data Form.
- Resumes may be submitted along with an application for employment, but will not be accepted in lieu of a completed application.
- If you are applying for a position that does not require a college degree, you may be required to take the ABLE test, or show documentation of at least twelve (12) college hours. A high school diploma/high school transcript or GED certificate is needed for the application to be complete. **No offer of employment will be made until a high school diploma/high school transcript or GED certificate is received.**
- If you are applying for a position which requires a degree, license, registration or certification, you must submit a copy of your current credentials. Those applying for positions requiring a degree must present a certified/official transcript for verification purposes to complete the application process. **No offer of employment will be made until a certified/official transcript is received.** Applicants must demonstrate in the application how they meet the minimum education and experience requirements as stated in the job posting. No assumptions will be made.
- The information included in the employment history section of the application will be the official record of your employment experience. Failure to list specific examples of work duties in all areas of qualifications, knowledge, skills and abilities listed in the job posting may result in the applicant being considered unqualified and/or not being granted an interview.
- Applications meeting the minimum posted requirements will be forwarded to the hiring supervisor. It will take 5-7 working days before the HR Department will be able to answer questions about your status as an applicant.
- Your application will remain active for six (6) months from the date it is submitted. You may obtain information about future job vacancies by visiting the website above. To have your application referred for other positions, please contact the **Human Resources office at (409) 784-5532.**
- A background check will be conducted through the Texas Department of Public Safety and/or the Federal Bureau of Investigation on all applicants receiving a conditional offer of employment. The Nurses Aide Registry, Employee Misconduct Registry, CANRS and the State and Federal OIG will also be checked.
- As a condition of employment, you will be required to provide legal proof of authorization to work in the United States.

*****DETACH AND KEEP THIS PAGE FOR FUTURE REFERENCE*****



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Beaumont, Texas 77701
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APPLICATION FOR EMPLOYMENT

Spindletop Center is an Equal Employment Opportunity Employer. We are dedicated to a policy of nondiscrimination in employment on any basis including race, creed, age, sex, religion, national origin, marital status or disability.

NAME _____ Social Security No. _____
 (Last) (First) (Middle)

ADDRESS: _____ Phone (____) _____
 (Street) (City) (State) (Zip)

LIST ANY OTHER NAMES USED IF DIFFERENT FROM NAME GIVEN ON THIS APPLICATION:

LIST THE POSITION NUMBER (S) AND TITLE (S) FOR WHICH YOU ARE APPLYING:

Date available to begin work? _____

Are you willing to travel? Yes ___ No ___ If yes, what percent of time? _____

Driver's License _____ Class C ___ Class A-CDL ___ Class B -CDL ___ N/A ___
 (State) (Number)

EDUCATION: Applicants may be required to provide proof of diploma, degree, licenses, certifications, and registrations.

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate/achieve GED? Yes ___ No ___

| TYPE OF SCHOOL | NAME OF SCHOOL | DATES ATTENDED | SEMESTER HOURS | MAJOR FIELD OF STUDY | GRADUATED YES OR NO | TYPE OF DIPLOMA/DEGREE |
|-------------------------------|----------------|----------------|----------------|----------------------|---------------------|------------------------|
| College or University | | | | | | |
| | | | | | | |
| Graduate School | | | | | | |
| | | | | | | |
| Technical, or Business School | | | | | | |
| | | | | | | |
| | | | | | | |

List all professional licenses and/or certifications. Please include all license/certification numbers and effective dates:

Special Skills/Qualifications: List all special 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, etc.

EMPLOYMENT HISTORY: Please record the last 10 years of employment. Start with your current or most recent position and work back.

| | | | | |
|-------------------------------|----------------------|----------------------------|---------------|--|
| Employer: | | Supervisor: | | |
| Mailing Address: | | Supervisor's Title: | | |
| City, State & Zip | | Phone: | | |
| Title: | Starting Date | Ending Date | Salary | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Summary of Experience: | | | | |
| Reason for leaving: | | | | |
| Employer: | | Supervisor: | | |
| Mailing Address: | | Supervisor's Title: | | |
| City, State & Zip | | Phone: | | |
| Title: | Starting Date | Ending Date | Salary | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Summary of Experience: | | | | |
| Reason for leaving: | | | | |
| Employer: | | Supervisor: | | |
| Mailing Address: | | Supervisor's Title: | | |
| City, State & Zip | | Phone: | | |
| Title: | Starting Date | Ending Date | Salary | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Summary of Experience: | | | | |
| Reason for leaving: | | | | |

EMPLOYMENT HISTORY CONTINUED: Attach additional sheets if necessary.

| | | | | |
|-------------------------------|----------------------|----------------------------|---------------|--|
| Employer: | | Supervisor: | | |
| Mailing Address: | | Supervisor's Title: | | |
| City, State & Zip | | Phone: | | |
| Title: | Starting Date | Ending Date | Salary | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Summary of Experience: | | | | |
| Reason for leaving: | | | | |

| | | | | |
|-------------------------------|----------------------|----------------------------|---------------|--|
| Employer: | | Supervisor: | | |
| Mailing Address: | | Supervisor's Title: | | |
| City, State & Zip | | Phone: | | |
| Title: | Starting Date | Ending Date | Salary | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Summary of Experience: | | | | |
| Reason for leaving: | | | | |

Do you have any relatives working for or associated with this facility? Yes ___ No ___

If yes, list names, relationship and place employed: _____

Have you ever been convicted or received a deferred adjudication for a felony or a misdemeanor crime which resulted in a fine or more than \$50.00? Yes ___ No ___ If yes, please explain: _____

Have you ever been or are you currently excluded from providing reimbursable services to a federal or state funded healthcare program?

Yes ___ No ___ If yes, please explain: _____

Have you ever been discharged or asked to resign because of unsatisfactory conduct or performance of duties?

Yes ___ No ___ If yes, please explain: _____

REFERENCES: Please provide three (3) personal references who can attest to your dependability and character. Please do not give names of relatives.

| NAME | ADDRESS | CITY, STATE & ZIP | PHONE |
|------|---------|-------------------|-------|
| | | | |
| | | | |
| | | | |

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatements, 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 will be required to provide legal proof of authorization to work in the United States.
3. I understand that this agency will conduct a background check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation, the Nurses Aide Registry, Employee Misconduct Registry, CANRS and the State and Federal OIG in accordance with applicable statutes. I also understand that if a report indicates a conviction for any offense listed below, this will result in immediate termination if I have been employed prior to the background check having been received:
 - Chapter 19, Penal Code (criminal homicide)
 - Chapter 20, Penal Code (kidnapping and unlawful restraint)
 - Chapter 31, Penal Code (theft) employable after 5th anniversary of conviction date
 - Section 21.02 Penal Code (continuous sexual abuse of a young child or children)
 - Section 21.08 Penal Code (indecent exposure)
 - Section 21.11 Penal Code (indecenty with a child)
 - Section 21.12 Penal Code (improper relationship between educator and student)
 - Section 21.15 Penal Code (improper photography or visual recording)
 - Section 22.01 Penal Code (assault) employable after 5th anniversary of conviction date
 - Section 22.011 Penal Code (sexual assault)
 - Section 22.02 Penal Code (aggravated assault)
 - Section 22.021 Penal Code (aggravated sexual assault)
 - Section 22.04 Penal Code (injury to a child, elderly individual, or disabled individual)
 - Section 22.041 Penal Code (abandoning or endangering child)
 - Section 22.05 Penal Code (deadly conduct)
 - Section 22.07 Penal Code (terroristic threat)
 - Section 22.08 Penal Code (aiding suicide)
 - Section 25.08 Penal Code (sale or purchase of a child)
 - Section 25.031 Penal Code (agreement to abduct from custody)
 - Section 28.02 Penal Code (arson)
 - Section 29.02 Penal Code (robbery)
 - Section 29.03 Penal Code (aggravated robbery)
 - Section 30.02 Penal Code (burglary) employable after 5th anniversary of conviction date
 - Section 32.45 Penal Code (misapplication of fiduciary property or property of a financial institution) employable after 5th anniversary of conviction date
 - Section 32.46 Penal Code (securing execution of a document by deception) employable after 5th anniversary of conviction date
 - Section 33.021 Penal Code (online solicitation of a minor)
 - Section 34.02 Penal Code (money laundering)
 - Section 35A.02 Penal Code (Medicaid fraud)
 - Section 36.06 Penal Code (obstruction or retaliation)
 - Section 37.12 Penal Code (false identification as a peace officer) employable after 5th anniversary of conviction date
 - Section 42.01(a) (7), (8) or (9) Penal Code (disorderly conduct) employable after 5th anniversary of conviction date
 - Section 42.09 Penal Code (cruelty to livestock animals)
 - Section 42.092 Penal Code (cruelty to non-livestock animals)

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 similar to the elements of an offense listed.

4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability from any damages, which may result from furnishing such information to you.
5. In consideration of my employment, I agree to conform to the rules and regulations of the Center, and understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of the Center or myself. I understand that no director, administrator, or supervisor of the Center, with the exception of the Chief Executive Officer, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

SIGNATURE: _____ DATE: _____

SPINDLETOP CENTER EEO DATA FORM

Spindletop Center has an Affirmative Action Program to ensure equal employment opportunity in its hiring practice. We are asking you to help us measure the effectiveness of this program by answering the questions below. The information requested is being collected for statistical purposes only and will not be considered as part of the application for employment. Your assistance is appreciated. **PLEASE PRINT**

Position Applied for: _____ **Date:** _____

Name: _____

Birth Date: _____ **Sex:** ___ Female ___ Male

Ethnic Origin: ___ White ___ Black ___ Hispanic ___ Asian ___ Native American

How did you learn about this job?

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Other Employee | <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Television/Radio | <input type="checkbox"/> Recruitment Poster |
| <input type="checkbox"/> Job-Fair | <input type="checkbox"/> College/University Career Day | <input type="checkbox"/> Agency Website | <input type="checkbox"/> TWC Job Express |
| <input type="checkbox"/> Professional Publication | <input type="checkbox"/> Texas Workforce Commission | <input type="checkbox"/> Social Service | <input type="checkbox"/> Walk-in |

**THIS FORM WILL NOT BE FILED WITH YOUR APPLICATION, BE AVAILABLE TO THE INTERVIEWER,
NOR BE USED TO DISCRIMINATE IN ANY PART OF THE EMPLOYMENT PROCESS.**