



APPLICATION FOR EMPLOYMENT CHECK LIST

- Do you have a Valid Texas Drivers License? Yes No
- Are you over 25 years old? Yes No
- Do you have a Valid Social Security Card? Yes No
- Please list any friends or family members that are employed with Pace Opportunity Centers?

If you are hired by Pace Opportunity Centers, you will be required to attest to your identity and employment eligibility and to present the above documents confirming your identity and employment eligibility. You cannot be hired if you do not comply with these requirements. Answer below.

- Have you ever been convicted of a Felony? Yes No
- Have you ever been convicted of any Class A or B Misdemeanor Yes No

If you are hired by Pace Opportunity Centers, a CPR Certification is required for all new employees. Classes are provided by Pace Opportunity Centers at no charge. Answer below.

- Do you have a current CPR Certification Card? Yes No

If you are hired by Pace Opportunity Centers, training is held between 8am-5pm on Monday-Friday. There can be some exceptions to these hours and days. Answer below.

- Are you available for training during this time/days? Yes No
- What additional time/days are you available for training? _____

FACILITY RESPONSIBILITY

Pace Opportunity Centers, Inc. is required to meet certain eligibility requirements for an individual to work in a Group Home setting for Mental Retarded Citizens.

EMPLOYEE AGREEMENT

I understand that filling out this form does not indicate there is a position open, nor does it indicate that the applicant is eligible for employment that Pace Opportunity Centers, Inc. is listing on the web, in the newspaper, and/or etc.

Name

Date

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month/Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From _____ To _____				
Date Month/Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From _____ To _____				
Date Month/Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From _____ To _____				
Date Month/Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From _____ To _____				

REFERENCES List below three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	POSITION	YEARS ACQUAINTED

“Under Maryland Law an Employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment, any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.” It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability”.

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to be the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting to work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test and if I am hired a condition of my employment will be that I abide by the Company’s Drug and Alcohol Policy. I understand that filing out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

DATE _____ Signature _____

NOTICE OF EMPLOYEE AND NURSE AIDE MISCONDUCT REGISTRY

In an effort to better serve and protect facility residents and consumers, the 76th Legislature passed Senate Bill 967 creating the Employee Misconduct Registry (E.M.R.) and the Nurse Aide Registry (N.A.R.) creating Chapter 253, Health and Safety Code.

The Employee Misconduct Registry (E.M.R.) and the Nurse Aide Registry (N.A.R.) track acts of misconduct by unlicensed or uncredentialed employees who provide direct care by capturing substantiated findings of:

- Abuse;
- Neglect;
- Exploitation; and
- Misappropriation of resident or consumer property.

FACILITY RESPONSIBILITY

Pace Opportunity Centers is required to access the E.M.R. and N.A.R. to determine if an individual is eligible for employment in this facility.

EMPLOYEE AGREEMENT

I have read and understand that the facility is responsible for accessing the E.M.R. and N.A.R. determining if I am eligible to work in this facility.

Employee Social Security #

Employee Signature

Date

ALSO PLEASE HAVE AVAILABLE YOUR SOCIAL SECURITY CARD AND DRIVERS LICENSE TO USE FOR A BACKGROUND CHECK TO SEE IF YOU ARE ELLGIBLE FOR EMPLOYMENT

Office use only:

Call E.M.R. and N.A.R. at 800/452-3934 prior to hiring direct care employees.

_____Data Found

_____No Data Found

Person Collecting Data

Date