



# HELEN FARABEE

## REGIONAL MHMR CENTERS

1000 Brook/ P.O. Box 8266  
 Wichita Falls, Texas 76307  
 (940) 397-3100 Fax (940) 397-3150

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. Helen Farabee Regional MHMR Centers is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or veteran status. You may make copies of this application if applying for more than one position, but each copy must have an original signature. Resumes will not be accepted in lieu of applications, but may be attached to become a part of the application. This application becomes public record and is subject to disclosure.

### PERSONAL

Last Name		First	Middle	Date
Street Address		E-mail Address		Home Phone
City		State	Zip	If no answer call #:
List any other name(s) used if different from name given on this application:				Social Security No.
Position Desired		Position Number		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you resided outside the State of Texas within the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?				
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ State _____				
Do you currently have any relatives employed by the Center or on the Board of Trustees? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list their names:				
Who referred you to the Centers? _____				

**SPECIAL SKILLS/QUALIFICATIONS:** List all special skills that you possess and machines or office equipment that you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc...

SIGN LANGUAGE:  Yes  No If yes, are you certified?  Yes  No If yes, what level? \_\_\_\_\_  
 Do you speak a language other than English?  Yes  No If yes, what language(s)? \_\_\_\_\_  
 Level of fluency:  Fair  Good  Excellent

**EDUCATION (Applicants will be required to provide proof of diploma, degree, transcripts, licenses, certifications & registrations)**

**Highest Grade Completed:**

**Did you graduate/achieve GED?**  Yes  No

School	Name & Location of School	Major/Minor	# years completed	Did you graduate?	Type of Degree or Diploma	Year Received
Undergraduate Colleges or Universities				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate Schools				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical, Vocational or Business Schools				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

**LICENSE/CERTIFICATION**

Type of License	Licensing Agency	State Issued In	License Number	Expiration Date

**MILITARY** (A copy of a report of separation from the Armed Services may be required)

Branch of Service:	Describe your duties and any special training:		
Period of Active Duty (Month & Year) From: _____ To: _____			
Type of Discharge Status:	Date of Discharge:	Are you a surviving spouse or orphan of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates of service for veteran: _____	

Are you willing to work hours other than 8-5?  Yes  No

Are you willing to work days other than Monday-Friday?  Yes  No

Geographic preference: (Be specific to city/area. If no preference, indicate "Region wide") \_\_\_\_\_

Have you ever been employes by the Texas Department of MHMR or a community MHMR Center?  Yes  No

If yes, please provide details of employment: \_\_\_\_\_

Prior to an offer of employment, applicants will be screened for previous record of abuse/neglect and misconduct. A former employee of the Texas Department of MHMR, a community center, ICF-MR facility, nursing home or other inpatient or outpatient mental health facility who has been terminated for client abuse, neglect or exploitation will be barred from employment.

**1. EMPLOYMENT HISTORY (Please give accurate, complete full-time & part-time employment record. Start with present/most recent employer)**

Company Name:				Telephone:			
Address		City		State		Zip	
Name of Supervisor				Title			
State your Job title: & describe your work:				Reason for leaving:			
Dates of Employment (month/year):				From: _____ To: _____			
Beginning Salary:				Ending Salary:			
Choose One: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly							

**2.**

Company Name:				Telephone:			
Address		City		State		Zip	
Name of Supervisor				Title			
State your Job title: & describe your work:				Reason for leaving:			
Dates of Employment (month/year):				From: _____ To: _____			
Beginning Salary:				Ending Salary:			
Choose One: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly							

**3.**

Company Name:				Telephone:			
Address		City		State		Zip	
Name of Supervisor				Title			
State your Job title: & describe your work:				Reason for leaving:			
Dates of Employment (month/year):				From: _____ To: _____			
Beginning Salary:				Ending Salary:			
Choose One: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly							

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact: Employer # \_\_\_\_\_ Reason: \_\_\_\_\_

## PRE-EMPLOYMENT CRIMINAL HISTORY CLEARANCE AND SCREENING FOR CLIENT ABUSE/NEGLECT/MISCONDUCT

The existence of a criminal record does not automatically bar you from Center employment. The Helen Farabee Regional MHMR Centers does not discriminate in its employment on the basis of previous conviction. In some instances, however, we need to be aware if you were **convicted** of certain offenses when considering you for **certain** types of jobs. We ask that you complete these questions:

Have you ever been convicted of a felony?  Yes  No If you answered "Yes", please provide details of dates, nature of offense, name and location of court and disposition of the case. A conviction may not disqualify you from employment, but a false statement will.

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### ACKNOWLEDGEMENT OF EMERGENCY APPOINTMENT

I, \_\_\_\_\_, a prospective applicant hereby certify and acknowledge that I have not been convicted of any of the offenses listed below, which are a bar to employment.

- Criminal homicide
- Kidnapping and unlawful restraint
- Indecency with a child
- Sexual assault
- Aggravated assault
- Injury to a child, elderly or disabled individual
- Abandoning or endangering a child
- Aiding suicide
- Agreement to abduct from custody
- Sale or purchase of a child
- Arson
- Robbery or Aggravated robbery
- 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 preceding items.
- A felony conviction for theft which occurred within the previous five years.

I hereby certify and acknowledge that I have been informed that this is an emergency appointment. I understand and acknowledge that:

1. My record for criminal convictions will be checked through the Texas Department of Public Safety (TDPS) and/or the FBI,
2. If the TDPS and/or the FBI reports a conviction for any of the above offenses, it will result in immediate termination, if employed, and
3. No administrative review is available, unless there is an error of fact or identity in the criminal history record and permit the employee to rectify the accuracy of the information.
4. A revoked status listing in the Nurse Aide Registry or an unemployable status listing in the Employee Misconduct Registry would make me unsuitable for employment.

I further certify and acknowledge that I have been informed that if the TDPS and/or the FBI report indicates a conviction for any offense not listed above, but which may be a contradiction to my employment at this agency, I may be terminated immediately, if employed.

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Signature of Applicant

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Date

**REFERENCES (Do not list former employers or relatives)**

Name and Occupation	Address, City, State, Zip	Telephone
1.		
2.		
3.		

**In consideration of my employment, I understand and agree:**

1. Substance abuse testing may be required if there is a reasonable suspicion.
2. I will be required to provide legal proof of authorization to work in the U.S.
3. That no representative of the Helen Farabee Regional MHMR Centers, other than the Board of Trustees or the Executive Director, 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.
4. My record for criminal conviction will be checked through the Texas Department of Public Safety. I understand that it is my responsibility to report any current or future arrests, indictments, deferred adjudication, and convictions for any offenses to the Human Resource Department of the Center. I further understand, that if I have resided outside the State of Texas 2 years preceding employment with Helen Farabee Regional MHMR Centers, my record for criminal conviction will be checked through the Federal Bureau of Investigation.
5. The requirement related to the pre-employment screening for client abuse, neglect and exploitation as described.
6. If my position is authorized and/or required to operate agency-owned vehicles or my personal vehicle in the performance of job related duties, I must maintain a clear driving record which will not prevent me from being insured based on criteria established by the Center's insurance provider. PIP insurance is required if consumers will be transported by personal vehicle.
7. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. Any misstatement or omission of fact on this application, or failure to abide by the above stated actions, or policies and procedures of the Center shall be considered cause for termination of employment.
8. 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 that may result from furnishing such information to you.
9. I understand that having a checking or savings account for direct deposit is a condition of employment.

**This application for employment must be signed.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

<b><u>For Employer's Use Only</u></b>	
Test Administered _____	
WPM _____	Date Received _____

## HELEN FARABEE REGIONAL MHMR CENTERS EEO DATA

***Helen Farabee Regional MHMR Centers is fully committed to the concept and the practice of equal opportunity. You are invited to submit this information on a voluntary basis and refusing to provide it will not subject you to any adverse treatment. 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 under EEO/HEW monitoring requirements.***

Last Name	First	Middle	Date
Date of Birth	Position Applied for		Social Security No.
Sex <input type="checkbox"/> male <input type="checkbox"/> female	Where did you learn about this job? <input type="checkbox"/> TWC <input type="checkbox"/> Newspaper <input type="checkbox"/> HF employer <input type="checkbox"/> Job Fair <input type="checkbox"/> Agency Web Site – Internet <input type="checkbox"/> Other		
Are you a veteran? <input type="checkbox"/> yes <input type="checkbox"/> no	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native		
Are you handicapped? <input type="checkbox"/> yes <input type="checkbox"/> no	Marital Status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> remarried <input type="checkbox"/> divorced/annulled <input type="checkbox"/> widow/widower		

**White** (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black** (not of Hispanic origin) – All persons having origins in any of the black racial groups of Africa.

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.