



Brazos Valley Council on Alcohol & Substance Abuse
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer (EOE)

Personal Information (Please Print or Type)

Name/Last	First	Full Middle Name	Social Security Number
Email			Telephone Number
Current Address/City/State/Zip Code		Date available for employment?	
What position are you applying for?	Are you willing to travel if required? () Yes or () No	Any restriction on hours, weekends, or overtime? If yes, explain.	
Has this Company or any of its subsidiaries before ever employed you? () Yes or () No	Indicate locations and dates:		
Can you, after employment, submit verification of your legal right to work in the United States? () Yes or () No	Have you ever been convicted of a felony? () Yes or () No Have you ever been convicted of a class A or B misdemeanor? () Yes or () No Have you ever been accused/engaged/convicted of sexual abuse/misconduct/activity/harassment in the work place? () Yes or () No <i>Convictions will not automatically disqualify job candidates. The seriousness of the crime and date of conviction will be considered.</i>		
Are you interested in full time or part time employment? () Full-Time () Part-Time employment?	How did you hear about BVCASA? () Newspaper () Workforce () Online () Social Media () Other If Other, please list:		
What is your desired rate of pay?	Are you related to any current or past employee that has worked for BVCASA? If so, please list their name(s):		

Performance of Job Functions

Are you able to perform all the functions of the job for which you are applying with or without accommodation?
 () Yes, without accommodation () Yes, with accommodation () No

If you indicated you can perform all the functions with an accommodation, please explain how you would perform the tasks and with what accommodation(s).

Education

School Level	School & Name Address	# of Years Attended	Did you graduate?	Course of Study
High School				
Vo-Tech, Business or Trade School				
College				
Graduate School				

*****Please attach a copy of your GED or transcript/diploma from the highest level of education completed.**

Personal Driving Record (If applicable to the position you are applying for)

Do you have a valid Driver's License?	Driver's license Number	Expiration Date	Issuing State
List any other state(s) in which you have had a driver's license(s) in the past?			
Within the past five years have you had a vehicle accident? () Yes or () No	Been convicted of reckless or drunken driving? () Yes or () No If yes, give dates:	Been cited for moving violations? () Yes or () No If yes, give dates:	
Has your driver's license ever been revoked or suspended? () Yes or () No	Is your driver's license restricted? () Yes or () No If yes, explain:		

CRIMINAL HISTORY: Please be honest, we do run your fingerprints through TDCJ & TDPS. Charges that appear on your criminal history will not automatically disqualify you from employment. Failure to disclose will! To be eligible for employment TDCJ requires that all cases must be resolved and that felony charges must have been resolved at least 15 years ago (or 5 years for licensed counselors).

MINOR TRAFFIC VIOLATIONS: PLEASE LIST ANY MINOR TRAFFIC VIOLATIONS AND NOTE DATE, CHARGE, AND STATUS (RESOLVED OR PENDING).

DATE:	CHARGE:	STATUS:

MISDEMEANOR ARRESTS, CHARGES, OR CONVICTIONS: PLEASE LIST ANY MISDEMEANOR ARRESTS, CHARGES OR CONVICTIONS AND NOTE DATE, CHARGE, AND STATUS (RESOLVED OR PENDING).

DATE:	CHARGE:	STATUS:

FELONY ARRESTS, CHARGES OR CONVICTIONS: PLEASE LIST ANY FELONY ARREST, CHARGES, OR CONVICTIONS AND NOTE DATE, CHARGE, AND STATUS (RESOLVED OR PENDING).

DATE:	CHARGE:	STATUS:

EMPLOYMENT HISTORY - List entire employment history, starting with your present employer. For any unemployed or self-employed periods show dates and location. (Attach additional sheets if necessary.)

Company Name: Address: City/State/Zip: Phone #: ()	Your Job: Supervisor: <u>Dates Employed</u> From: To:	Last Pay Rate: Reason Leaving:
Company Name: Address: City/State/Zip: Phone #: ()	Your Job: Supervisor: <u>Dates Employed</u> From: To:	Last Pay Rate: Reason Leaving:
Company Name: Address: City/State/Zip: Phone #: ()	Your Job: Supervisor: <u>Dates Employed</u> From: To:	Last Pay Rate: Reason Leaving:
Company Name: Address: City/State/Zip: Phone #: ()	Your Job: Supervisor: <u>Dates Employed</u> From: To:	Last Pay Rate: Reason Leaving:
Company Name: Address: City/State/Zip: Phone #: ()	Your Job: Supervisor: <u>Dates Employed</u> From: To:	Last Pay Rate: Reason Leaving:

Specify skills you may have. List equipment/machines you operate (office and/or road): _____

Do you have other additional experience and training you feel would qualify you for the position? List: _____

List any foreign languages you may speak, read, and/or write: _____

Give the names and contact information of three (3) persons **other than relatives**, who have knowledge of your character, experience or ability that we may call as references:

Name	Occupation (Title and Place of Employment)	Telephone Number(s)
(1)		
(2)		
(3)		

Military Service

Branch of Service: _____	Dates of Service: _____
Type of Discharge: _____	Rank on Entering: _____
Rank at Discharge: _____	Primary Duties: _____

**I M P O R T A N T - We are glad you are interested in joining the BVCASA family.
 Please read the following statements carefully before you sign and return this application.**

The agency, in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. *I have read, understand, and agree to this statement, (Initial here.)* _____

I understand that BVCASA has a commitment to maintain an alcohol/drug-free workplace and that BVCASA, unless prohibited by state law, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test, approved by the NIDA will be performed on the same specimen. If the results of the second test are also positive, I will be disqualified from consideration for employment and any offer of employment withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. *I have read, understand, and agree to the statement above, (Initial here.)* _____

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired I will be able to resign at any time for any reason. Likewise, the agency can terminate my employment at any time with or without cause. *I have read, understand, and agree to this statement, (Initial here.)* _____

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the agency after this application expires, it will be my responsibility to fill out a new application and file it with the agency. Otherwise, the agency will not consider me for employment after this application expires.

Signature: _____ Date: _____

FOR PERSONNEL OFFICE USE ONLY

Meets Qualifications? <input type="checkbox"/> YES <input type="checkbox"/> NO
Interviewed By: _____ Date: _____
Recommendation: () Hire () Do Not Hire () Hold For Further Interview
Comments:

* We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, gender, age, national origin or disability.

DISCLOSURE OF PREA EMPLOYMENT STANDARDS VIOLATION

In compliance with the federal Prison Rape Elimination Act (PREA) standards relating to hiring and promotion decisions for community confinement facilities, the questions on this form must be asked of any BVCASA applicants or contractors who may have contact with residents in written applications or during the interview process and of current BVCASA employees during the performance evaluation process.

Applicant/Employee Name (First, MI, Last)

SSN (last 4 digits only)

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? (See below definition for institution.) Yes No

Definition of Institution: Any facility or institution owned, operated, managed by, or provides services on behalf of any State or political subdivision of a State and which is:

- for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped;
- a jail, prison, or other correctional facility;
- a pretrial detention facility;
- for juveniles held awaiting trial, residing in such facility or institution for purposes of receiving care or treatment, or residing for any State purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is **not** an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in State custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or
- providing skilled nursing, intermediate or long-term care, or custodial or residential care.

2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question #2 above? Yes No
4. Have you ever been accused of sexual harassment in/out of the workplace? Yes No

Important Notice:

- If you answer yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for hire or continued employment with BVCASA.
- If you are hired or if you are a current BVCASA employee, you have a continuing affirmative duty to immediately disclose to BVCASA human resources any misconduct that would result in a "yes" answer to any of the above three questions.
- Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a "yes" answer to any of the above questions will be grounds for termination through the disciplinary process.

Applicant/Employee Signature

Date

Distribution Instructions if completed by Internal or External Applicant:

- If hired for the position, the original form is maintained in the employee's personnel file.
- If not hired for the position, the original form is maintained with the selection and hiring packet.
- Copy of form is provided to internal/external applicant upon request.

Distribution Instructions if completed during Performance Evaluation Process:

- Original form is maintained in the employee's personnel file.
- Copy of form is provided to employee upon request.