

# CARRIAGE HOUSE MANOR

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Position Desired: \_\_\_\_\_ Salary: \_\_\_\_\_

Date Available For Work: \_\_\_\_\_ Shift: \_\_\_\_\_

Have you ever worked here before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are You Able To Meet Attendance Requirements Of The Job? .....  Yes  No

Are You Currently Employed? .....  Yes  No    May We Contact Employer? .....  Yes  No

Skills & Qualifications: List any special skills or qualifications from employment or other experiences that may qualify you to work for our company  
 \_\_\_\_\_

## GENERAL INFORMATION

If You Are Under 18, Can You Furnish A Work Permit? .....  Yes  No

Are You Legally Eligible For Employment In This Country? .....  Yes  No  
(Proof of U.S. Citizenship or INS Status is Required)

Have You Been Convicted Of A Felony In The Last 7 Years? .....  Yes  No  
(Conviction does not automatically bar you from employment)

If Yes, Please Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

In Case Of Emergency, Notify: \_\_\_\_\_ Telephone: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

SCHOOL NAME/LOCATION	YEARS COMPLETED	GRADUATE?	COURSE OF STUDY
High School:			
College:			
Trade/Technical School:			

## EMPLOYMENT HISTORY

List your last three employers, assignments, or voluntary activities (at least 5 years), starting with the most recent, including military experience.

FROM:	TO:	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS:	
SUPERVISOR/TITLE		NATURE OF WORK/JOB RESPONSIBILITIES:	
HOURLY RATE/SALARY: START \$ _____ PER _____ FINISH \$ _____ PER _____		REASON FOR LEAVING:	

FROM:	TO:	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS:	
SUPERVISOR/TITLE		NATURE OF WORK/JOB RESPONSIBILITIES:	
HOURLY RATE/SALARY: START \$ _____ PER _____ FINISH \$ _____ PER _____		REASON FOR LEAVING:	

FROM:	TO:	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS:	
SUPERVISOR/TITLE		NATURE OF WORK/JOB RESPONSIBILITIES:	
HOURLY RATE/SALARY: START \$ _____ PER _____ FINISH \$ _____ PER _____		REASON FOR LEAVING:	

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/ or separation from the Employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The Employer is and Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

By completing and submitting this application for employment, I understand and agree that **Carriage House Manor** (the "Company"), has a Dispute Resolution Plan, which is incorporated by reference in this application. This Plan is the required and exclusive way for applicants, Employees and the Company to resolve any and all disputes. I agree to resolve any dispute between the Company and me arising out of this application or, if the Company hires me, out of my employments, through the Dispute Resolution Plan, which includes binding arbitration as a final step.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN (IF APPLICANT IS UNDER 18)

\_\_\_\_\_  
DATE

# APPLICANT EVALUATION SHEET

(To Be Completed by Everyone Who Interviews the Applicant)

APPLICANT'S NAME: \_\_\_\_\_

INTERVIEWER'S NAME: \_\_\_\_\_

INTERVIEW DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Include Notes on Neatness, Abilities, Communication Skills, and Complaints about previous job, etc)

## REFERENCES & PRIOR EMPLOYMENT VERIFICATION

INDIVIDUAL CONTACTED	AFFILIATION / APPLICANT	PHONE NUMBER	RESULTS

## PROFESSIONAL LICENSE / CERTIFICATION VERIFICATION

INDIVIDUAL CONTACTED	LICENSE / CERTIFICATION	RESULTS

## PERSONAL REFERENCES/PHONE NUMBERS

NAME	AFFLIATION	PHONE NUMBER	RESULTS

# 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 information I supply.

APPLICANT OR EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the finger printing services company, L1Enrollment 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

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