



Denton County MHMR Center

Employment Application

I understand that no employment contract either express or implied is created should I be hired by Denton County. I understand that I will be required to pass a drug/alcohol and or physical examination prior to employment. I also understand that if I am a new employee, I will be required to complete a six (6) month assessment period. I give my consent to Denton County to conduct a background investigation to include contacting any current and/or previous institutional employers, reference checks, criminal searches, verification of credentials and verification of employment status via E-Verify. If you do not accept this acknowledgement, please understand that your applications will not be considered for employment.

Initials & Today's Date _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied For: _____

How many years of related experience do you have? _____

Briefly detail the scope and range of your experience:

I am able to perform the physical requirements of Prevention and Management of Aggressive Behavior (PMAB). You will need to be able to perform all physical functions to be considered for this position.

Initial and Date: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have a valid Driver License? YES NO

Are you over the age of 18? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities : _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities : _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Initial & Today's Date

I understand, upon employment with Denton County MHMR Center I am required to report to the Administrator of Human Resource any subsequent convictions/offenses I am charged with, and any subsequent listings as "revoked" in the Employee Misconduct registry/Nurse Aide Registry.

Denton county MHMR Center will perform a Computerized criminal History CCH verification check by accessing the Texas Department of Public Safety Secure Website and will be based on Name and Date of Birth identifiers supplied by the applicant. My initials below represent my electronic acknowledgement of the DPS CCH Verification and my acceptance of notice that I will be required to sign a CCH authorization form at time of hire.

I authorize Denton County MHMR Center to contact and obtain information from the Client Abuse / Neglect Registry, Nurse Aide Registry, the Misconduct Registry, and Motor Vehicle Report. I understand that if I am listed on any of these registries, I may be ineligible for employment with Denton County MHMY Center. Failure to authorize the background checks are required for employment with Denton County MHMR Center.

I acknowledge that to be considered for employment with Denton County MHMR Center, I understand I must complete all sections of the employment application, to include the supplemental questions section. Furthermore, I acknowledge that Denton County MHMR Center does not accept resumes in lieu of completed applications. Please enter your initials and today's date on the following line, as acceptance of this acknowledgement. If you do not accept this acknowledgement, please understand that your application will not be processed or considered for employment.

Any misstatement or omission may constitute grounds for unfavorable consideration or dismissal from employment and the applicant will not be eligible to apply for employment for one year from application date or dismissal date. Convictions related to any sexual offenses, drug related offenses, homicide, theft, assault, battery, kidnapping, arson, robbery, sale or purchase of child or any other crime involving personal injury or threat to another person may make an applicant ineligible for employment with Denton County MHMR Center. My signature below acknowledges my understanding of the information provided above.

Signature: _____ Date: _____