



Notice to Applicants

This Application:

Please indicate the position(s) for which you qualify and wish to be considered. Only the minimum requirements are listed for position vacancies, and additional requirements may be necessary depending on the actual job assignment. Applications are required to be completed in full to be considered. **Resumes and/or Cover Letters may be submitted in conjunction with the application, but not as a substitute for the application.**

Because of the volume of applications submitted, the Human Resources Office will not screen applications already on file. Only applications submitted for a specific posted vacancy will be screened. **The Human Resources department will not release the status of applications.** Your application will be valid for 60 days. The application and attached EEO sheet are to be mailed or delivered directly to the Human Resources Department. **If you are submitting these documents via email or fax and are selected for employment, the originals must be submitted to Human Resources prior to your hire date.**

Mail: Pecan Valley Centers
P.O. BOX 729
Granbury, Texas 76048
Attention: Human Resources

Fax: (817) 579-4408
Attention: Human Resources

Email: careers@pecanvalley.org

Non-Discrimination:

Pecan Valley Centers for Behavioral and Developmental Healthcare is and Equal Opportunity Employer. Pecan Valley Centers considers applicants for all positions without regard to race, color, national origin, age, marital status, or veteran status, the presence of non-job related medical conditions or handicap or any other legally protected status. *Ruben DeHoyos, Director of Administration Services, (817) 579-4439,* has been designated to implement regulations and coordinate compliance with the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1993, and other laws which prohibit employment discrimination.

Please Note: *Voluntary EEO information that is requested on the attached sheet is not part of your official application for employment and will not be used in any hiring decisions.*

Eligibility for Employment:

Under the Immigration Reform and Control Act of 1986, all applicants for employment are required to be eligible for employment in the U.S. If hired, applicants WILL BE REQUIRED to present as part of the hiring process ORIGINAL DOCUMENTS to verify employment authorization and positive proof of identification (usually a Driver's License and Social Security card). You may contact the Human Resources Department for other acceptable forms of identification and employment eligibility.

Criminal Conviction Clearance:

Under Texas laws convictions related to any sexual offense, drug related offense, murder, theft, assault, battery, or any other crime involving personal injury or threat to another person may make you ineligible for employment with Pecan Valley Centers for Behavioral and Developmental Healthcare. The names of all prospective employees are cleared through the Texas Department of Public Safety, and in some cases the FBI to determine the existence of such records. A "conviction" is any adjudication of guilt, a plea of guilty or nolo contendere, or the assessment of probation or community supervision as punishment for a criminal offense.

Driving Records:

Pecan Valley Centers for Behavioral and Developmental Healthcare requires employees to maintain a good driving record. All applicants considered for employment will have their driving record reviewed through the Texas Department of Public Safety prior to being offered a position. Applicants considered for employment must meet the following criteria:

- 1) If the position requires transporting clients and/or using a center vehicle on either a regular or occasional basis, the applicant's driving record must have no more than one (1) moving violation in the past three years and the applicant must be at least 18 years of age.
- 2) If the position requires that they will seldom drive a center vehicle, then applicant's driving record must have no more than two (2) moving violations in the past three years, and the applicant must be at least 18 years of age.

Reference Checks:

For **ALL** persons considered for employment, Pecan Valley Centers will also verify the following information:

- 1) Employment/Personal References
- 2) Education
- 3) Professional License or Certificate
- 4) Texas Client Abuse and Neglect Reporting System Database

Alcohol and Drug Free Workplace:

All persons considered for employment will undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment. This agency will not discriminate against applicants for employment because of past history of drug abuse. Therefore, individuals who have failed a pre-employment test may initiate another inquiry with the Center after a period of no less than six months, but must present themselves drug-free.

In-House Applications

Any Pecan Valley Centers for Behavioral and Developmental Healthcare employee who is interested in and qualified for a newly created or vacant position may submit an internal application to the Human Resources Office, if they have been employed with the agency a minimum of six months.

FALSIFICATION OF THE APPLICATION IS GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT. THANK YOU FOR YOUR APPLICATION AND INTEREST IN PECAN VALLEY CENTERS

***Proudly Serving:
Erath, Hood, Johnson,
Palo Pinto, Parker, and Somervell Counties***

**REQUIRED INFORMATION
For Criminal History Clearance & Driving Record Check**

Date: _____ Primary Phone: _____ Alternate Phone: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____

Sex: _____ Male _____ Female Date of Birth _____ Social Security No. _____

Driver License No. _____ Date DL Expires _____

Texas Driver License? [] Yes [] No If no, which state? _____

Please list all accident and moving traffic violations during the past three years where you received a ticket or citation. Include date, location, what happened, and outcome:

Education Level: _____ High School Diploma _____ GED _____ BA _____ BS _____ MS _____ PHD

License or Certification: (List type and number) _____

**VOLUNTARY INFORMATION
For EEO Reporting**

Ethnicity: _____ White, Middle Eastern, North African, European
_____ Hispanic (e.g. Persons of Mexican, Puerto Rican, Cuban, Central or South American Descent)
_____ Black
_____ American Indian, Alaskan Native
_____ Asian, Pacific Islander

Check if any of the following are applicable: _____ Veteran _____ Disabled Veteran
_____ Vietnam Veteran _____ Handicapped

Position(s) Applied For: _____

Referral Source

_____ Advertisement
_____ Employee _____
_____ Relative
_____ Walk-in
_____ School
_____ Government Agency
_____ Private Employment Agency
_____ Other _____

Which Publication/Website: _____ Careerbuilder.com
_____ Pecanvalley.org
_____ Monster.com
_____ Indeed.com
_____ Glen Rose Reporter
_____ Empire Tribune
_____ Mineral Wells Index
_____ Weatherford Democrat
_____ Cleburne Times Review
_____ Other (Specify) _____

APPLICATION FOR EMPLOYMENT

Pecan Valley Centers for Behavioral and Developmental Healthcare
P.O. Box 729 2101 West Pearl Street Granbury, Texas 76048 817-579-4400

PLEASE COMPLETE – Resumes may NOT be substituted for this application

PERSONAL	
Date: _____	Please answer every question using ink.
Name: _____	
(LAST)	(FIRST)
(MIDDLE)	(SOCIAL SECURITY NO.)
Address: _____	
(STREET)	(CITY)
(STATE)	(ZIP)
Telephone: (Home) _____	Other _____
(AREA CODE)	(AREA CODE)
Previous Address: (If less than 2 years at above)	
(STREET)	(CITY)
(STATE)	(ZIP)
Have you lived outside of Texas in the past two years? [] Yes [] No	
Will you relocate if job requires it? [] Yes [] No	
Will you travel if job requires it? [] Yes [] No	
Are you legally eligible for employment in the USA? [] Yes [] No [If yes, verification will be required.]	
Are you 21 years of age or older? [] Yes [] No	
Position desired: _____	Date available for work _____
Minimum Salary expected _____	
Type of employment desired: Full Time [] Part Time [] Temporary []	

RECORD OF EDUCATION					
School	Name and Location of School	Major/Minor	Number of Semester Hours Completed	Did you Graduate?	Degree or Diploma
College/ University					
High School			Number of years completed?		
GED					
Other					
TRANSCRIPTS WILL BE REQUIRED FOR VERIFICATION OF EDUCATION.					

Please list current professional licenses, certificates, or registrations. Verification for file will be required.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap.

RECORD OF EMPLOYMENT

Please give accurate full-time and part-time employment records starting with the present or most recent employer.

1. Employer	Telephone
Employers Address	Employed (Month and Year) From To
Name & Title of Supervisor	Salary Start Salary Last
Describe your Work:	Reason for Leaving
Starting Title Last Title	May we contact for reference? [] Yes [] No If no, give reason

2. Employer	Telephone
Employers Address	Employed (Month and Year) From To
Name & Title of Supervisor	Salary Start Salary Last
Describe your Work:	Reason for Leaving
Starting Title Last Title	May we contact for reference? [] Yes [] No If no, give reason

3. Employer	Telephone
Employers Address	Employed (Month and Year) From To
Name & Title of Supervisor	Salary Start Salary Last
Describe your Work:	Reason for Leaving
Starting Title Last Title	May we contact for reference? [] Yes [] No If no, give reason

4. Employer	Telephone
Employers Address	Employed (Month and Year) From To
Name & Title of Supervisor	Salary Start Salary Last
Describe your Work:	Reason for Leaving
Starting Title Last Title	May we contact for reference? [] Yes [] No If no, give reason

Please explain any periods of unemployment.

ADDITIONAL EMPLOYMENT/VOLUNTEER DATA

Employer	Location	Title	Dates Employed
5. _____			
6. _____			
7. _____			

Have you ever been employed by Pecan Valley Centers? Yes No
If yes, when?

Do you have any relatives working or volunteering for Pecan Valley Centers?
 Yes No If yes, list names, relationships, & place employed. _____

Are you a student? Yes No
If yes, where?

Classification:

MILITARY RECORD COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Describe your duties and any special training, or commendations Level of Security Clearance: _____	Branch of Service
	Period of Active Duty (Month & Year) From _____ To _____
	Rank, Date of Discharge
NOTE: A certified copy of report of separation from the armed forces may be required.	Active Reserve From _____ To _____

OTHER SKILLS

Special Skills/Qualifications:

Approximate words per minute in typing. _____

Languages	Speak	Read	Write	Comments
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you have a valid Texas Driver's License? Yes No
Do you have any moving violations for the past three years? Yes No If yes, please list driving violations, or explain.

PERSONAL REFERENCES (NOT EMPLOYERS)

Name	Address	Phone Number	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

OTHER

Do you use tobacco?

Yes No

Have you ever been refused a bond?

Yes No

Have you been convicted of a crime which has not been annulled, expunged or sealed by a court? Yes No
If yes, describe in full.

PLEASE READ AND SIGN BELOW

- I hereby declare that the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. If employed, I understand that any misstatement or omission of fact on this application will be considered cause for dismissal.
- I understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way.
- I authorize Pecan Valley Centers for Behavioral and Developmental Healthcare to make an investigative consumer report which contains information obtained through personal interviews with my neighbors, friends, and acquaintances. This report may include information as to my character, general reputation and personal characteristics
- I understand that all individuals who receive an offer of employment must successfully complete a physical examination and drug screen prior to beginning work (at employer's expense). Individuals offered employment in a specific position must successfully meet an additional test of their physical abilities.
- This agency is an equal opportunity employer. This agency does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
- I understand and agree to support Pecan Valley Centers as an alcohol-free, tobacco-free, drug-free, and weapon free workplace.

Signature

Date



Employment Verification Form

The individual listed below has applied for employment with our agency, Pecan Valley Centers, and has signed this authorization as approval to collect information regarding their employment. We would like to request employment verification from your company to aid in our consideration of employment of this applicant. Please fax this information back to Human Resources within 24 hours at (817) 579-4408. Thank you for your timely response and participation.

APPLICANT TO COMPLETE THIS PORTION

Authorization to Release Information

I, _____, grand my permission for any or all information pertaining to my current and/or previous employment to be released to Pecan Valley Centers via fax, phone, email, or physical mail.

Signature

Date

APPLICANT DO NOT WRITE BELOW THIS LINE - HR ONLY

Position Held within your Organization

Organization Name

Applicant Name _____ D.O.B. _____ Last 4 of S.S.N _____

Dates of Employment _____ to _____ if correct check **YES** ____, if **NO** ____ please provide the accurate Dates of Employment _____ to _____.

Start Wage _____ & Ending Wage _____ if correct check **YES** ____, if **NO** ____ please provide the accurate wage information – Start Wage _____ & Ending Wage _____.

Applicant Supplied Reason for Leaving _____, if correct check **YES** ____, if **NO** ____ please provide the accurate reason for separation below:

Is the applicant eligible for re-hire with your company? YES ____ NO ____

Additional Comments:

Signature & Title of Verification Provider

Date

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 identifiers 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 conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment 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

Pecan Valley Centers for Behavioral and Developmental Healthcare

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

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