



## ***How to Appropriately Submit your Application***

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### **IMPORTANT INFORMATION** **PLEASE READ BEFORE SUBMITTING APPLICATION**

1. The application and all related forms must be completed in full.
2. Resume's and/or Cover Letters may not be substituted for the application; however, they may be submitted in conjunction with the application.
3. Credentialing may be required for the position in which you are applying for (i.e. case management, service coordination, or a position that requires a licensure). Therefore, please submit a copy of your unofficial transcript with your application. If you are selected for hire an official transcript may be required.
4. The Application, Employment Verification Form, and DPS Computerized Criminal History Verification forms must all (3) be signed. Electronic/typewritten signatures are not accepted.
5. You must indicate the position(s) for which you wish to be considered. Only applications submitted for a specific vacancy will be considered. Your application will be valid for 60 days.
6. The EEO form must be submitted along with your application. You cannot be considered for employment without the required "Criminal History Clearance & Driving Record Check" information. The "Voluntary Information for EEO Reporting" section will not be part of your official application for employment and will not be used in any hiring decisions.

***This application must be printed out – it cannot be completed online. Submit your application via U.S. mail, email, or fax.*** If hired, the originals must be submitted to Human Resources prior to your hire date.

***Mail:*** Pecan Valley Centers  
P.O. Box 729  
Granbury, Texas 76048

***Fax:*** (817) 579-4408  
Attn: Human Resources

***Email:***  
[HumanResources@pecanvalley.org](mailto:HumanResources@pecanvalley.org)

***Eligibility for Employment:***

To be considered for employment, the applicant must be 18 years of age.

***Proof of Identification:***

Under the Immigration Reform and Control Act of 1986, all persons selected for employment are required to be eligible for employment in the U.S. If hired, the applicant ***will be required*** to present ***original documents*** to verify identification (usually a Driver License and Social Security card).

***Criminal Conviction Clearance:***

Under Texas law, convictions related to any sexual offense, drug related offense, murder, theft, or any other crime involving personal injury or threat may make you ineligible for employment with Pecan Valley Centers. 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.

***Reference Checks:***

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

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

***Driving Record:***

Pecan Valley Centers 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 moving violation in the past three years.
- 2) If the position seldom requires driving a center vehicle, the applicant’s driving record must have no more than two moving violations in the past three years.

***Physical Exam:***

All persons selected for employment will be required to undergo a Physical Examination. Any applicant that is unable to pass any portion of the Physical Exam will be denied employment.

***Alcohol and Drug Free Workplace:***

All persons selected for employment will undergo testing for the presence of illegal drugs. 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 after a period of no less than six months, but must present themselves drug-free.

***Non-Discrimination:***

Pecan Valley Centers is an 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, Chief of Administrative 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.*

**FALSIFICATION OF THE APPLICATION IS  
GROUNDS FOR IMMEDIATE TERMINATION  
OF EMPLOYMENT.**

**THANK YOU FOR YOUR  
APPLICATION AND INTEREST IN  
PECAN VALLEY CENTERS FOR BEHAVIORAL  
AND DEVELOPMENTAL HEALTHCARE.**

***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: \_\_\_\_\_

Email: \_\_\_\_\_

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:**

Pecanvalley.org  
 Indeed.com  
 LinkedIn.com  
 Facebook.com  
 Other \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

Pecan Valley Centers for Behavioral and Developmental Healthcare  
P.O. Box 729 2101 West Pearl Street Granbury, Texas 76408 817-579-4400

PLEASE COMPLETE – Resumes may NOT be substituted for this application

<b>PERSONAL</b>	
<b>Date:</b> _____	Please answer every question using ink.
<b>Name:</b> _____	
(LAST)	(FIRST)
(MIDDLE)	(SOCIAL SECURITY NO.)
<b>Address:</b> _____	
(STREET)	(CITY)
(STATE)	(ZIP)
<b>Telephone: (Home)</b> _____	<b>Other</b> _____
(AREA CODE)	(AREA CODE)
<b>Previous Address: (If less than 2 years at above)</b>	
_____	
(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 18 years of age or older? [ ] Yes [ ] No	
<b>Position desired:</b> _____	<b>Date available for work</b> _____
<b>Minimum Salary expected</b> _____	
<b>Type of employment desired:</b> Full Time [ ] Part Time [ ] Temporary [ ]	

<b>RECORD OF EDUCATION</b>					
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					
<b>TRANSCRIPTS WILL BE REQUIRED FOR VERIFICATION OF EDUCATION.</b>					

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	Branch of Service
	Period of Active Duty (Month & Year) From _____ To _____
	Rank, Date of Discharge
Level of Security Clearance:	
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 OR RELATIVES)**

Name	Email 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

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### Authorization to Release Information

I, \_\_\_\_\_, grant 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

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\_\_\_\_\_  
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 at [www.identogo.com](http://www.identogo.com) or by calling 1-888-467-2080.

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  
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
<b>Retain in your files</b>		
Rev. 08/2013		