

***Family Crisis Center of the
Big Bend (FCCBB)***

606 N 5th St, Alpine, TX 79830
P.O. Box 1470, Alpine, TX, 79831
Phone: (432) 837-7254 / Fax: (432) 837-1303

APPLICATION FOR EMPLOYMENT

BACKGROUND CHECKS

**FCCBB will conduct a full background check on all
candidates for employment.
PLEASE COMPLETE AND SIGN THE SEPARATE
NOTIFICATION FORM**

DRUG SCREENING

**FCCBB is committed to maintaining a DRUG-FREE
workplace.
All offers of employment are contingent upon successful
completion of a pre-employment drug screen.
PLEASE COMPLETE AND SIGN THE SEPARATE
NOTIFICATION FORM**

Thank you for considering and applying for a position with Family Crisis Center of the Big Bend, Inc. (FCCBB). We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. Please be very careful completing this application. We use a sophisticated and detailed background and employment screening process in which will disclose inaccurate, false, and/or incomplete or omitted information. This application will remain on file for 60 days from the date herein whereupon you should resubmit a new application if you are interested in a position with FCCBB.

The following must be filled out completely for your application to be considered.

[Please Print]

PERSONAL INFORMATION:

Name _____
Last First Middle

Have you ever used another name? ☐ Yes ☐ No List all other names by which you have been known: _____

Position you are applying for: _____

Present Address: _____
No. Street City State Zip

Mailing Address: _____
(if different) No. Street City State Zip

Business Telephone () _____ Home Telephone () _____

Social Security # _____ - - Have you ever used another Social Security Number? ☐ Yes ☐ No

Please list the cities and corresponding state you have lived in during the past 7 years: 1 _____ -

2 _____ - 3 _____ - 4 _____ -

Do you have a valid driver's license? _____ If so, what state: _____ Driver's License# _____

Have you been a licensed driver for the last 5 years? ☐ Yes ☐ No

List all moving violations and accidents in the past three years: _____

Drivers License classification: C _____ CDL-C _____ CDL-B _____ CDL-A _____ Endorsements: _____

Have you ever been convicted for driving while intoxicated (DWI)? ☐ Yes ☐ No

If hired, would there be anything preventing you from working as scheduled? ☐ Yes ☐ No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ☐ Yes ☐ No
(Note: Proof of age and eligibility for employment will be required if you are hired.)

Have you ever been terminated or asked to resign from a job? ☐ Yes ☐ No Please explain: _____

Are you available to work: _____ Full Time _____ Part Time _____ Seasonal

What days and hours are you available for work? _____

Circle the days you would be available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What are the times you would not be available to work? _____

Would you be available to work overtime, if necessary? ☐ Yes ☐ No

If hired, on what date can you start work? _____

Have you ever applied to or worked for FCCBB? ☐ Yes ☐ No If yes, when? _____

Do you have any friends or relatives working for FCCBB? ☐ Yes ☐ No If yes, state name(s) and relationship(s) _____

Do you have any commitment to another entity or person that might affect your employment with FCCBB? ☐ Yes ☐ No

If yes, describe fully: _____

REFERENCES: How were you referred to our Company? _____ Newspaper _____ Walk-In _____ Internet _____
Workforce Commission

_____ Employee Referral (Name _____) _____ Other (_____)

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references that are not related to you.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

EDUCATION, TRAINING AND EXPERIENCE:

School: <u>Name and Address</u>	<u>No. of Years Completed</u>	<u>Degree or Diploma</u>	<u>Did you Graduate?</u>
High School _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
College/University _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Vocational/Business _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

Some of our customers/clients may not speak English. Do you speak, write or understand any other languages? ☐ Yes ☐ No
If yes, which language(s): _____

Do you have any other experience, training, qualifications or skills, which you feel may make you especially suited for work at FCCBB?
☐ Yes ☐ No Explain: _____

Managerial Skills: ☐ Yes ☐ No -Typing Speed: _____ WPM –Ten Key: ☐ Yes ☐ No -Shorthand: ☐ Yes ☐ No –Spreadsheet: ☐ Yes ☐ No -
Graphics ☐ Yes ☐ No -Word Processing: ☐ Yes ☐ No -Database Programs: ☐ Yes ☐ No -Dictaphone: ☐ Yes ☐ No

Please describe your skills: _____
List any computer programs with which you are familiar: _____

EMPLOYMENT HISTORY: List below all present and past employment for the last five (5) years, starting with your most recent employer. You *must* complete this section even if attaching a resume. Note: Attach additional page(s) if necessary)

Are you employed now? ... ☐ Yes ☐ No If Yes, may we contact your present employer? ... ☐ Yes ☐ No

1. Name of Employer: _____ Type of Business: _____

Address: _____
No. Street City State Zip

Telephone No. (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ ☐ Hourly / ☐ Monthly

Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? ☐ Vol ☐ InVol

Exact Reason for Leaving: _____

2. Name of Employer: _____ Type of Business: _____

Address: _____
No. Street City State Zip

Telephone No. (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ ☐ Hourly / ☐ Monthly

Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? ☐ Vol ☐ InVol

Exact Reason for Leaving: _____

3. Name of Employer: _____ Type of Business: _____

Address: _____
No. Street City State Zip

Telephone No. (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ ☐ Hourly / ☐ Monthly

Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? ☐ Vol ☐ InVol

Exact Reason for Leaving: _____

4. Name of Employer: _____ **Type of Business:** _____

Address: _____
No. Street City State Zip

Telephone No. (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ o Hourly / o Monthly

Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? o Vol o InVol

Exact Reason for Leaving: _____

5. Name of Employer: _____ **Type of Business:** _____

Address: _____
No. Street City State Zip

Telephone No. (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ o Hourly / o Monthly

Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? o Vol o InVol

Exact Reason for Leaving: _____

UNEMPLOYMENT HISTORY: Please account for any time(s) you were not employed in the last 5 years, after leaving school. You do not need to include periods of one month or less. (Note: Attach additional page(s) if necessary.)

You *must* account for all periods of unemployment.

<u>Time Period</u>	<u>Reason(s) Unemployed</u>	<u>Time Period</u>	<u>Reason(s) Unemployed</u>
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE:

Were you ever in the Armed Services? _____ Yes _____ No If so, what branch? _____

Dates of Duty: From: ____/____/____ To: ____/____/____

Have you obtained any special skills or abilities as a result of service in the military? _____ Yes _____ No

If yes, describe: _____

Have you in the last 7 years, under your name or another name, been convicted of, pleaded guilty or nolo contendere to, received deferred adjudication for, or been on any form of diversion for any criminal offense?

☐ Yes ☐ No

Have you ever, under your name or another name, been convicted of a crime, which resulted with your being in prison and released from prison or paroled?☐ Yes ☐ No

If yes, explain each conviction fully, when, where and of what you were convicted and disposition of the case(s): _____

Are you currently under arrest, or released on bond or your own recognizance, pending trial for a criminal offense? ☐ Yes ☐ No

If yes, state the nature of the crime charged, and when and where trial is pending: _____

(Note: No applicant will be denied employment solely on the grounds that they have been charged, committed or been convicted [or pleaded guilty or nolo contendere of a criminal offense; or, solely on an affirmative answer above)

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?

☐ Yes ☐ No If no, describe the functions that cannot be performed: _____

Is there any reason why you would not be able to fully conform to all attendance requirements? ☐ Yes ☐ No

Describe fully: _____

(Note: We comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New Hire may be subject to passing a medical examination and skill and agility test.)

NOTICE: Thank you for completing this application form. If there is a current opening in the position(s) you are seeking and the information in your application suggests you meet the minimum qualifications and are among the best qualified candidate for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the *entire interview process* is completed which includes a complete background check and pre-employment drug test. If there is no opening in the position(s) you are seeking, your application will be kept active for 60 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our company. Please read page all pages carefully, print your name, initial, sign, and date in all areas as required or your application will not be considered.

AUTHORIZATION

***PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW
PLEASE COMPLETE AND SIGN ANY SEPARATE DOCUMENTS WHICH MAY BE ATTACHED***

PERSONALLY COMPLETED FORM HONESTLY AND ACCURATELY

BY MY SIGNATURE AND INITIALS PLACED BELOW, I PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE). I UNDERSTAND THAT ANY JOB OFFER WILL BE CONDITIONAL BASED ON THE SATISFACTORY REVIEW OF MY QUALIFICATIONS INCLUDING ANY AND ALL BACKGROUND OR DRUG SCREENING, WHICH MAY BE REQUIRED. _____ INITIALS

DRUG & ALCOHOL SCREENING

IF THE COMPANY MAKES A CONDITIONAL JOB OFFER, I GIVE PERMISSION FOR A PHYSICAL EXAMINATION INCLUDING A PRE-EMPLOYMENT DRUG SCREEN. RESULTS WILL BE HELD IN CONFIDENCE BY FCCBB EXCEPT WHERE RELEASE OF SUCH INFORMATION IS REQUIRED BY LAW. _____ INITIALS

OTHER EMPLOYMENT

I UNDERSTAND THAT, IF HIRED, I MAY NOT HOLD OTHER EMPLOYMENT OR ENGAGE IN OTHER ACTIVITIES THAT CREATE A CONFLICT OF INTEREST WITH MY POSITION WITH THE COMPANY UNLESS I HAVE BEEN GIVEN PERMISSION IN WRITING BY THE COMPANY. _____ INITIALS

AUTHORIZATION TO OBTAIN INFORMATION

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PAST EMPLOYER; EDUCATIONAL INSTITUTION; LAW ENFORCEMENT AGENCY; STATE, LOCAL, OR FEDERAL AGENCY; MILITARY BRANCH; THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS; TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE RECORD, EDUCATIONAL HISTORY, LICENSING, EMPLOYMENT (INCLUDING CHARACTER, EARNINGS HISTORY AND REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY FCCBB TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT. _____ INITIALS

RELEASE

I VOLUNTARILY WAIVE ALL RECOURSE AND RELEASE ANY COMPANY, INDIVIDUAL OR ORGANIZATION FROM LIABILITY FOR COMPLYING WITH ANY REQUEST FROM THE COMPANY OR AGENTS OF THE COMPANY (INCLUDING ANY CONSUMER REPORTING AGENCY) TO OBTAIN ANY INFORMATION FROM ANY SOURCE WHATSOEVER RELATING TO MY APPLICATION FOR EMPLOYMENT. I FURTHER RELEASE THE COMPANY OR ANY INDIVIDUAL WITHIN THE COMPANY REGARDING THE USE ANY INFORMATION RECEIVED WHICH MAY HAVE BEARING ON MY APPLICATION FOR EMPLOYMENT. _____ INITIALS

NOTIFICATION & COMPLIANCE WITH RULES

I AGREE TO IMMEDIATELY NOTIFY FCCBB IF I SHOULD BE CONVICTED OF A CRIME WHILE MY JOB APPLICATION IS PENDING, OR DURING MY EMPLOYMENT IF HIRED. IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF FCCBB. _____ INITIALS

AGREEMENT FOR AT-WILL EMPLOYMENT

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, OR DURING MY EMPLOYMENT IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN FCCBB AND MYSELF. IN ADDITION, I UNDERSTAND AND AGREE THAT IF FCCBB EMPLOYS ME, IN CONSIDERATION OF MY EMPLOYMENT, MY EMPLOYMENT WILL BE ATWILL, FOR NO DEFINITE OR DETERMINABLE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME, FOR ANY REASON OR FOR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF FCCBB OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON FCCBB UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF FCCBB. I PROMISE THAT I HAVE NOT RELIED, AND WILL NOT RELY, ON ANY ORAL OR WRITTEN STATEMENTS TO THE CONTRARY. I UNDERSTAND AND AGREE THAT THIS IS THE ENTIRE AGREEMENT BETWEEN FCCBB AND ME REGARDING THE TERM OF MY EMPLOYMENT AND REPLACES ANY OTHER ORAL OR WRITTEN AGREEMENT OR UNDERSTANDING. _____ INITIALS

**I certify that all of the information provided by me on this
Application is true and accurate.**

Signature: _____

Date: _____

Print Name: _____

FCCBB IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS COMPANY TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, DISABILITY OR ANY OTHER PROTECTED CHARACTERISTIC.

Background Check Authorization

To Whom It May Concern:

I, _____, hereby authorize _____ and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with FCCBB.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish _____ with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

D.O.B. (for I.D. purposes only): ____/____/____

Social Security Number -----

Driver's License Number: _____ State of Issue: _____

*** I authorize contact with my current employment as of the date I am signing this waiver: ____Yes ____No ***

If additional information is needed to process your Background Investigation, please provide a telephone/cell phone number where we may contact you.

Phone: () _____ - _____ Cell: () _____ - _____

If you have been convicted and/or found guilty of violating any law, place an X in the blank "Yes", below. A "Yes" will not disqualify you from employment consideration. You should include any dispositions where you received a punishment such as; guilty, probation, probation before judgment, deferred adjudication, adjudication withheld, fines or suspended sentences. Do not include dismissed, expunged or not guilty dispositions. Do not designate "Yes" for traffic violations unless applying for motor vehicle operation.

If you have not been convicted of violating any law, place an X in the blank marked "No". ____Yes ____No

If you have responded "Yes" please provide county, state, charge and disposition information below:

Signature: _____ **Date:** ____/____/____

(Please sign above to acknowledge Authorization for Background Investigation)

“Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing”

Please fill out one form for each employer for the past 2 years.

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | |
|---|---------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ____ NO ____ |
| 2. Did the employee have verified positive drug tests? | YES ____ NO ____ |
| 3. Did the employee refuse to be tested? | YES ____ NO ____ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ____ NO ____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ____ NO ____ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ____ YES ____ NO ____ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Reason for Leaving: _____ Is the applicant eligible for rehire? YES ____ NO ____

Name of person providing information in *Section II-A*: _____

Title: _____ Phone #: _____ Date: _____

Family Crisis Center of the Big Bend, Inc.

Equal Employment Opportunity Information

The Equal Employment Office of the Federal Transit Administration (FTA) has asked all transit authorities to gather information on job applicants. You can assist the FCCBB's EEO Office by supplying the information requested on this sheet.

COMPLETION OF THESE QUESTIONS IS COMPLETELY VOLUNTARY AND IN NO WAY AFFECTS YOUR APPLICATION FOR EMPLOYMENT.

Please check the appropriate box and fill in the information requested.

A. Ethnic Origin

- ☐ White
- ☐ Black
- ☐ Hispanic/Spanish Surname
- ☐ Asian
- ☐ American Indian
- ☐ Other

B. Gender

- ☐ Male
- ☐ Female

C. Date of Birth

Month Day Year

D. Position Applied For: _____

E. Date Submitting Application: _____, 20__
Month Day Year

F. ☐ I choose not to provide this information

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Family Crisis Center of the Big Bend Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Family Crisis Center of the Big Bend, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and the Family Crisis Center of the Big Bend, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of six (6) months, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant: _____

Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.