

COASTAL PLAINS COMMUNITY MHMR CENTER
200 MARRIOTT DR.
PORTLAND, TX 78374
(361) 777-3991

ALL APPLICATIONS MUST BE RECEIVED AT OUR PORTLAND LOCATION BY
4:00 PM ON THE CLOSING DATE OF THE POSTED POSITION.

Dear Applicant:

Thank you for considering Coastal Plains Community MHMR Center as a future place of employment. Before we can process your application further,

We need to see and verify the following:

- Social Security Card (**Copy if sending by mail**)
(Visual check when submitting an application.)
- Driver's License (**Copy if sending by mail**)
(Visual check when submitting an application.)
- Original License
(RN, LVN, Pharmacist, Registered Therapist, etc. – no copies allowed)
(Visual check when submitting an application.)

We need a copy of the following for Clerical and Technician Positions:

- High School Diploma/GED
- College Transcript and or Degree

We need a copy of the following for Professional Positions:

- College Transcript and Degree

Again, thank you for applying with Coastal Plains Community MHMR Center and for your *patience* throughout the application process.

Sincerely,
Human Resources Department

◆ Applicant EEO Data Form

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and *will not be considered* as part of the application for employment. It will be separated from the application.

1. Job Posting Number	2. Social Security Number	3. Name (type or print) Last	First	Middle
4. Address			City	State
			Zip Code	5. Phone Number (include Area Code)
6. Sex	7. Birth date	8. Race/Ethnic Origin (Check preferred)		
<input type="checkbox"/> M Male		<input type="checkbox"/> 1 Black	<input type="checkbox"/> 2 Asian/ Pacific Islander	<input type="checkbox"/> 3 Native American/ Alaskan
<input type="checkbox"/> F Female		<input type="checkbox"/> 4 Hispanic	<input type="checkbox"/> 5 White	
9. How did you find out about this job?				
<input type="checkbox"/> 01 Other Center Employee	<input type="checkbox"/> 02 Job Fair	<input type="checkbox"/> 03 Professional Publication	<input type="checkbox"/> 04 Recruitment Posting	<input type="checkbox"/> 05 Newspaper _____ <small>name of newspaper</small>
<input type="checkbox"/> 06 College/University Career Day	<input type="checkbox"/> 07 Human Resources Office	<input type="checkbox"/> 08 Texas Workforce Commission	<input type="checkbox"/> 09 Internet	<input type="checkbox"/> 10 Recruitment letter
<input type="checkbox"/> 11 Professional Assn./Conference	<input type="checkbox"/> 12 Other (specify) _____			

X _____
Signature of Applicant

Date

**COASTAL PLAINS COMMUNITY MHMR CENTER
IS AN EQUAL OPPORTUNITY EMPLOYER**

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification (LVN, RN, CPA, MSW, etc.).	Date Issued	Issued by (State or other Authority)	License No.	Location of Issuing Authority (City & State)

Have you ever received any sanction or disciplinary action by a State Licensing Board? If so, explain:

Have you ever settled or paid a claim for malpractice, misconduct, or negligence in association with your professional practices? If so, explain: *(add additional sheets if necessary).*

Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, and types of software and hardware. ***Please address the Posted Preferred Qualifications.***

Approximate Words Per Minute in Typing (Keyboarding) _____.

Sign Language (if required for this position) Yes No Are you a certified interpreter? Yes No

Do you speak a language other than English? (if required for this position) Yes No

If yes, what language(s) do you speak? _____ How fluently? Fair Good Excellent

Do you have any relatives working for Coastal Plains Community MHMR Center? Yes No

If yes, list the names, relationships, city where employed and department.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that Coastal Plains will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED _____

Signature (Applicant)

Date

EMPLOYMENT HISTORY

Please complete for last three jobs. If you have additional employment in the last 10 years complete the additional sheets. This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications. **DO NOT SEND TO YOUR EMPLOYER.**

1. Begin with your current or last position and work back.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial position, indicate the number of employees you supervised.
5. Coastal Plains Community MHMR Center may verify all jobs listed.

EMPLOYMENT VERIFICATION	
Applicant Name: _____	Social Security #: _____
Please Print	
AUTHORIZATION FOR RELEASE OF INFORMATION	
I authorize my previous employer and/or school to release the information requested.	
Signature: _____	Date: _____
PLACE OF EMPLOYMENT	
Company/Agency Name: _____	
Mailing Address: _____	
City, State & Zip code: _____	
Company/Agency Phone #: _____	Fax #: _____
Supervisor's Name: _____	
Full Time _____ Part Time _____ Summer _____ Temp _____	

The following information must be completed. If this is not complete, your application will not be considered for employment.

1. Date(s) of Employment: From: _____ To: _____
Position(s) Held: 1. _____ Salary \$: _____
2. _____ Salary \$: _____
3. _____ Salary \$: _____
2. Duties/Responsibilities: _____
3. Comments on attendance and use of time: _____
4. Comments on Job Performance: _____
5. Reason for leaving: _____



The above named employee has indicated prior service with your company/agency. Verification of this service is needed to grant applicant employment. If you would please indicate that the above information is correct and then sign and date this form.

Signature of Certifying Official Title

Printed Name Telephone # Fax #

Return to: Coastal Plains Community MHMR Center, P.O. Box 1336, Portland, TX 78374,
Human Resources Employment Applications or Fax employment verification to: 361-777-2940

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Company/Agency Name: _____	
Mailing Address: _____	
City, State & Zip code: _____	
Company/Agency Phone #: _____	Fax #: _____
Supervisor's Name: _____	
Full Time _____ Part Time _____ Summer _____ Temp _____	

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PLACE OF EMPLOYMENT	
Company/Agency Name: _____	
Mailing Address: _____	
City, State & Zip code: _____	
Company/Agency Phone #: _____ Fax #: _____	
Supervisor's Name: _____	
Full Time _____ Part Time _____ Summer _____ Temp _____	

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**PLEASE LIST ALL ADDITIONAL EMPLOYMENT GOING BACK *TEN YEARS*.
YOU MAY LIST ADDITIONAL EMPLOYMENT WHICH DEMONSTRATES *RELATED EXPERIENCE* FOR THE POSITION TO WHICH YOU ARE APPLYING.**

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2. _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2. _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2 _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

**PLEASE LIST ALL ADDITIONAL EMPLOYMENT GOING BACK *TEN YEARS*.
YOU MAY LIST ADDITIONAL EMPLOYMENT WHICH DEMONSTRATES *RELATED EXPERIENCE* FOR THE POSITION TO WHICH YOU ARE APPLYING.**

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2. _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2. _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2 _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

PERSONAL REFERENCES

Please list at least 3 personal references that we may contact.

Name: **Title:**
Relationship to Applicant:
Address:
City, State, Zip:
Home Phone:
Work Phone:
Cell Phone or pager (if applicable):
Comments:

Name: **Title:**
Relationship to Applicant:
Address:
City, State, Zip:
Home Phone:
Work Phone:
Cell Phone or pager (if applicable):
Comments:

Name: **Title:**
Relationship to Applicant:
Address:
City, State, Zip:
Home Phone:
Work Phone:
Cell Phone or pager (if applicable):
Comments:

◆ Veteran's Preference

Senate Bill 646, 74th Legislature, Regular Session, Section 657.002 requires MHMR Centers to give veteran's preference in employment and retention. The following individuals are entitled to veteran's employment preference:

(A) A veteran qualifies for a veteran's employment preference if the veteran:

- (1) Served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service-connected disability;
- (2) Was honorably discharged from military service; and
- (3) Is competent.

(B) A veteran's surviving spouse who has not remarried qualifies for a veteran's employment preference if:

- (1) The veteran was killed while on active duty;
- (2) The veteran served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law; and
- (3) The spouse is competent.

(C) A veteran's orphan qualifies for a veteran's employment preference if:

- (1) The veteran was killed while on active duty;
- (2) The veteran served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law; and
- (3) The orphan is competent
- (4) .

In this section, "veteran" means an individual who served in the Army, Navy, Air Force, Marine Corps, or Coast Guard or the United States or in an auxiliary service of one of those branches of the armed forces. The individual must have served a minimum of 180 days on active duty (excluding training), of which 90 consecutive days must have been during a national emergency declared in accordance with federal law (defined as Spanish-American War, World War I, World War II, Korean War, and the cold war era - 1955 until present).

Auxiliary services were the women's units (WAF, WAC, WM, and WAV).

Please answer the following questions

Are you entitled to veteran's preference? Yes No

Veteran Yes No DD Form 214 Provided Yes No

Widow of a Veteran Yes No DD Form 1300 or Appropriate Documentation Provided Yes No

Orphan of a Veteran Yes No DD Form 1300 or Appropriate Documentation Provided Yes No

Branch of Service: _____

Dates of service: From _____ to _____

Documentation such as a DD Form 214 will be required to substantiate status as a veteran. Orphans and widows of veterans can use a DD Form 1300, set of orders (death), or other official Department of Defense documentation outlining the periods of service and circumstances of death.

Documentation must be provided before veterans' preference can be granted.

Name (Print)

Signature

Date

PLEASE INDICATE "YES" OR "NO," to all questions, then SIGN, AND DATE THE FORM.

**COASTAL PLAINS COMMUNITY MHMR CENTER
PRE-EMPLOYMENT CONTROLLED SUBBTANCE TESTING**

NOTICE TO ALL APPLICANTS

In accordance with Center policy, the Federal Drug Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991, applicants are required to undergo testing.

Pre-employment controlled substance testing is required when an applicant receives a conditional offer of employment. If an individual's controlled substance test is verified as positive, the applicant's offer of employment will be rescinded. Applicants may obtain the results of the controlled substance tests by requesting them from the Human Resource Office within 60 calendar days of being notified of the disposition of the employment application. Controlled substance testing is done by chemical analysis of an individual's urine.

An individual will fail the controlled substance test if there is positive evidence of a controlled substance or drug metabolite in the urine specimen that is at or above the levels listed in federal guidelines. Controlled substances are marijuana, opiates, phencyclidine (PCP), amphetamines, and cocaine. A positive controlled substance test may be verified as negative by the medical review officer (MRO) if it is determined that legally prescribed medication(s), taken under the direction of a physician, is the cause for the positive test.

If an applicant's confirmatory test results are positive, he or she may request one re-analysis of the specimen.

The applicant is responsible for payment of all costs associated with the re-analysis.

I have read and understand the requirements of the Center's pre-employment controlled substance testing program as described in this form.

Applicant's Printed Name

Applicant's Signature

Date

NOTICE TO PROSPECTIVE EMPLOYEES

Convictions related to any sexual offenses, drug related offenses, murder, theft, assault, battery, or any other crime involving personal injury or threat to another person may make you ineligible for employment in positions in direct contact with clients of Coastal Plains Community MHMR Center. The names of all prospective employees are cleared through Texas Department of Public Safety to determine the existence of such records.

Have you ever been convicted of a felony, misdemeanor or received a deferred adjudication?

Yes _____

No _____

If "yes" please explain:

CLIENT ABUSE AND NEGLECT

Have you ever received a confirmation of a client abuse or neglect?

Yes _____

No _____

If "yes" please explain:

Are you currently under investigation for client abuse or neglect?

Yes _____

No _____

If "yes" please explain:

I understand that any confirmation of abuse and/or neglect in the CANRS or Employee Misconduct Registry may result in rescinding of the conditional offer of employment.

Signature

Date