



Ability Connection Employment Application Directions

- Fill out the following pages using your keyboard, then print the ENTIRE Application,
- Sign the five signature fields on pages 4, 6, 7, 8, 9 and 10
- Print and Scan the signed document and save it as a PDF - if the PDF is smaller than 10mb, email it as an attachment to HR2@abilityconnectiontexas.org
- If the scanned PDF is larger than 10mb please email HR2@abilityconnectiontexas.org or call 800-999-1898 to request instructions to upload your employment application to our servers

OR

You may also fax your application to this number:

(214) 367-4803

Write - "Attention HR Director" on the Cover Sheet

OR

You may mail your application to:

Human Resources
Ability Connection Texas
8802 Harry Hines Blvd.
Dallas, Texas 75235

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

**P
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Last Name	First Name	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
Have you ever applied for employment with Us? YES NO If Yes, Month and Year _____ Location _____			Social Security #
Position Desired Full Time Part Time			Pay Expected
How did you become aware of this opening?			
Are you legally eligible for employment in the United States?		DL# and State	When will you be available to begin work? _____
Please list any other names under which you have worked (reference purposes)			
Person to notify in case of emergency			Phone:

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School	Name & Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma?
Graduate				YES NO	
College				YES NO	
Business/Trade/ Technical				YES NO	
High School				YES NO	
Elementary				YES NO	

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion, or national origin)

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1

Company Name

Telephone

Address

Employed - (State Month and Year)

From

To

Name of Supervisor

Weekly Pay

Start

Last

State Job Title and Describe Your Work

Reason for Leaving

2

Company Name

Telephone

Address

Employed - (State Month and Year)

From

To

Name of Supervisor

Weekly Pay

Start

Last

State Job Title and Describe Your Work

Reason for Leaving

3

Company Name

Telephone

Address

Employed - (State Month and Year)

From

To

Name of Supervisor

Weekly Pay

Start

Last

State Job Title and Describe Your Work

Reason for Leaving

We May contact the employers listed above unless you indicate those you do not wish us to contact

DO NOT CONTACT Employers 1 2 3 (Circle)

Give Reasons:

(Do Not List Relatives)

PERSONAL REFERENCES

(Do Not List Relatives)

Name and Occupation

Address

Telephone

1)

2)

3)

MILITARY

Did you serve in the
U.S. Armed Forces?

Yes
No

If Yes, in what Branch?

Describe any training relevant to the position for which you are applying.

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

Please list any special skills or experience you have in the areas of clerical, professional, computer operations, etc.

Do you speak, read or write in any language other than English? Yes No (If Yes, Please Explain)

Please list all Professional Licenses applicable to this position (ie, CNA, PT, CT, SP, RN, LVN, CPR, First Aid, etc.)
Professional License No. Type of License State Expiration Date

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court Yes No If Yes, explain in full

State names of relatives and friends working for us, other than your spouse.

SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I understand that employment is contingent upon satisfactory completion of reference checks and criminal background checks, and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided by me.

Should a job offer be made, I consent to taking a pre-employment physical examination and such future examinations maybe required by UCP. This examination may include Drug testing. I understand that information obtained in physical examinations will be kept confidential and in a separate record. I understand that any job offer, or my continued employment if hired, is contingent upon my being physically and medically able to perform the essential functions of my position without harm to myself or others.

Applicant's Signature

Date



ALL APPLICANTS – PLEASE READ AND COMPLETE

Working for ABILITY CONNECTION TEXAS requires that an employee have a variety of skills. These skills include, but are not limited to, good written and verbal communication abilities, the desire to work with person with disabilities, and the ability to follow instructions, rules, and procedures. Please write at least one (1) paragraph describing your skills in these areas mentioned and why you are a good candidate for employment with ABILITY CONNECTION TEXAS.

There are 31 offenses that are of concern for access to ABILITY CONNECTION TEXAS (A.C.T.) facility. If a criminal history shows a conviction for any of these offenses, that person will be denied employment and access to A.C.T. facilities.

1. Any offense under Chapter 19, Texas Penal Code (criminal homicide). Includes murder, manslaughter, and criminally negligent homicide.
 2. Any offense under Chapter 20, Texas Penal Code (kidnapping and unlawful restraint). Includes kidnapping, aggravated kidnapping, and false imprisonment.
 3. An offense under Section 21.02, Texas Penal Code (continuous sexual abuse of young child(ren)).
 4. An offense under Section 21.08, Texas Penal Code (indecent exposure).
 5. An offense under Section 21.11, Texas Penal Code (indecent with a child).
 6. An offense under Section 21.12, Texas Penal Code (improper relationship between educator and student).
 7. An offense under Section 21.15, Texas Penal Code (improper photography or visual recording).
 8. An offense under Section 22.01, Texas Penal Code (assault) punishable as a Class A misdemeanor or as a felony.
 9. An offense under Section 22.011, Texas Penal Code (sexual assault).
 10. An offense under Section 22.02, Texas Penal Code (aggravated assault).
 11. An offense under Section 22.021, Texas Penal Code (aggravated sexual assault).
 12. An offense under Section 22.04, Texas Penal Code (injury to a child, elderly individual or disabled individual).
 13. An offense under Section 22.041, Texas Penal Code (abandoning or endangering a child).
 14. An offense under Section 22.05, Texas Penal Code (deadly conduct).
 15. An offense under Section 22.07, Texas Penal Code (terrorist threat).
 16. An offense under Section 22.08, Texas Penal Code (aiding suicide).
 17. An offense under Section 25.031, Texas Penal Code (agreement to abduct from custody).
 18. An offense under Section 25.08, Texas Penal Code (sale or purchase of a child).
 19. An offense under Section 28.02, Texas Penal Code (arson).
 20. An offense under Section 29.02, Texas Penal Code (robbery).
 21. An offense under Section 29.03, Texas Penal Code (aggravated robbery).
 22. An offense under Section 30.02, Texas Penal Code (burglary).
 23. An offense under Section 32.45, Texas Penal Code (misapplication of fiduciary property or property of a financial institution) punishable as a Class A misdemeanor or as a felony.
 24. An offense under Section 32.46, Texas Penal Code (securing execution of a document by deception) punishable as a Class A misdemeanor or as a felony.
 25. An offense under Section 33.021, Texas Penal Code (online solicitation of a minor).
 26. An offense under Section 34.02, Texas Penal Code (money laundering).
 27. An offense under Section 35A.02, Texas Penal Code (Medicaid fraud).
 28. An offense under Section 37.12, Texas Penal Code (false identification as a peace officer).
 29. An offense under Section 42.01 (a)(7), (8), or (9), Texas Penal Code (disorderly conduct).
 30. An offense under Section 42.09, Texas Penal Code (cruelty to animals).
 31. A conviction under chapter 31, Texas Penal Code (theft), that is punishable as a felony.
- OR**
32. A conviction under the laws of another state, federal law, or Uniform Code of Military justice for an offense listed under 1-31 above.

If the criminal history shows any other conviction on that person's record that A.C.T. determines is a contraindication to access to an A.C.T. facility, A.C.T. will deny employment and access to A.C.T. facilities.

To the best of my knowledge, I certify that I do not have a criminal conviction record relating to the above mentioned offenses. I also understand that I will not only undergo a criminal history background check from DPS.

Signature

Date

Name: (Last, First, MI)		Maiden Name: (Last, First, MI)	
Other Names (alias, married names, etc.) (Last, First, MI)			
Mailing address (Street, City/State/Zip) (NO P.O. Box)			
Date of Birth (mm/dd/yyyy)	Social Security #	Driver's License (State & #)	Sex <input type="checkbox"/> M <input type="checkbox"/> F

Criminal History Background Check Completed By: _____ **Date:** _____

REFERENCE REQUEST

PLEASE COMPLETE THE TOP PORTION OF THIS FORM ONLY

I, _____, the undersigned, authorize my former employer(s) to release any information pertaining to my work, skills, experience or records to ABILITY CONNECTION TEXAS and further, hereby release these references from any and all responsibility in supplying the requested information.

Applicant's Signature

Date

ABILITY CONNECTION TEXAS requires all applicants to provide references of their former employment or training. These references are carefully evaluated prior to employment. Information furnished will be held in the strictest confidence and an applicant will not be eliminated or selected on the basis of a single reference.

Please complete the following:

Dates Employed: From _____ To _____

Job Title: _____

Reason for Leaving: _____

Eligible for Rehire: Yes _____ No _____

Please feel free to comment on work habits and ethics if possible:

Thank you for your assistance.

Please return this document to the HR Department at the address or fax number above.



FELONY CONVICTION STATEMENT

I have never been convicted of a felony or misdemeanor classified as an offense against a person or a family; public indecency; or of any law intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act.

This also includes any pending charges including deferred adjudication.

Name (Printed)

Date

Signature



To All Prospective Employees:

In an effort to better serve and protect facility residents and consumers, the 76th Legislature passed Senate Bill 967 creating the Employee Misconduct Registry (EMR), creating Chapter 253, Health and Safety Code.

The EMR was implemented to track acts of misconduct by unlicensed or uncredentialed employees who provide direct care by capturing substantiated findings of:

- Abuse
- Neglect
- Exploitation
- Misappropriation of resident or consumer property

ABILITY CONNECTION TEXAS is required to access the EMR to determine if an individual is eligible for employment in:

- Nursing facilities
- Intermediate care facilities for the mentally retarded that are licensed by the department
- Assisted living (personal care) facilities
- Adult foster care (Type C) facilities
- Adult day care facilities

In compliance with the statutory language and rules implementing the EMR, all facilities are now required to reference both the EMR and the Nurse Aide Registry prior to hiring all employees and deny employment to any person who is listed on the registries as unemployable.

I, _____, acknowledge that I have read the Employee Misconduct Registry letter. I further understand that if I am listed on the registry, ABILITY CONNECTION TEXAS may deny/terminate my employment.

Printed Name

Signature

Date



NOTICE AND AUTHORIZATION CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because ABILITY CONNECTION TEXAS (A.C.T.) may request consumer reports or investigative consumer reports in connection with your application for employment or volunteer or contracting services; or at any time during the course of your involvement with A.C.T., if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee or your continued volunteer assignments or your contracted agreement. Additionally, in the event that claims or disputes between you and A.C.T. are filed with any third parties, A.C.T. may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain involved with A.C.T. at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

AUTHORIZATION

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to A.C.T. (1) in conjunction with my application for employment, volunteer, or contract service, (2) during the entire course of my employment, volunteer assignments, or contract services, if any, and (3) after any such employment, volunteer assignments, or contract services end. I further understand that any and all information contained in my application or otherwise disclosed to A.C.T. by me before, during or after my employment, volunteer assignments, or contract service, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by A.C.T. and confirm that all such information provided in connection with my application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment, volunteer assignments, or contract service; nor a promise of continued employment, volunteer assignments, or contract service. If accepted by A.C.T., my employment, volunteer assignments, or contract services will not be for a specified period and can be terminated at any time for any reason, with or without cause or notice, by me or by A.C.T. By submitting these documents electronically, I am agreeing to the terms and conditions of employment stated above and allow Ability Connection to conduct the appropriate background checks necessary to determine my status for employment.

Name (Printed)

Social Security #

Signature

Date