

Date: _____

BUCKNER INTERNATIONAL
ITS SUBSIDIARIES & AFFILIATES (Buckner)
Application for Employment

Buckner is an equal opportunity employer. Qualified applicants for employment will be considered without regard to race, color, religion, sex, age, national origin, disability or Vietnam era status. Buckner prohibits harassment in the workplace. Buckner is a non-subscriber to Texas Workers' Compensation for Texas employees.

Name:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other names under which you have been employed or attended school		E-mail address	
Address:		City	State
		Zip Code	
Phone Number:	Cell Phone Number	Social Security Number:	Driver's License Number:
Position Applied For:	Date You Can Begin Work:	Salary Desired:	Are You Willing to Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Shift Preference <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night		I Prefer <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Occasional <input type="checkbox"/> Temporary	

Have you worked for this organization previously? ☐ Yes ☐ No If yes, give dates of employment _____

Have you ever submitted an employment application to Buckner? ☐ Yes ☐ No If yes, when? _____

Do you have any relatives employed with Buckner? If yes, please list _____

What prompted you to apply for a position with us? (Ad, friend, etc.) _____

Have you ever plead guilty to or been convicted of any criminal offense, other than minor traffic citations? ☐ Yes ☐ No
 If yes, provide information on criminal offense, date, location (city and state) and disposition _____

Have you ever had a criminal charge dismissed following probation, community service, counseling or the completion of other conditions set by a court (deferred adjudication or pretrial diversion)? ☐ Yes ☐ No If yes, provide information on criminal offense, date, location (city and state) _____

Are you currently serving probation, community service or fulfilling any other court directed conditions for any criminal offense? ☐ Yes ☐ No
If yes, provide information on criminal offense, current status and expected date of completion _____

Commission of a crime will not be an automatic bar to consideration for employment; however, applicants convicted of certain criminal offenses may be ineligible for employment under applicable Texas law.

Education	Names/Location of Schools	Number of Years Completed	Last Grade/Degree Completed	Major Subjects
High School				
College				
Graduate School				
Other				

Do you hold a current professional license for the position for which you are applying? ☐ Yes ☐ No

License _____ Issuing State / Organization _____ Expiration Date _____

Have you ever been denied a professional license for the position for which you are applying by any governmental authority or organization? If yes, please provide dates, location and circumstances _____

Has your professional license ever been suspended, restricted or revoked? ☐ Yes ☐ No If yes, provide information on action taken, date and circumstances _____

Complete if applicable

Typing Skills _____ wpm Computer Skills ☐ Yes ☐ No If yes, list software _____

Other equipment you can operate _____

Special skills and remarks (include anything which would be pertinent to consideration of your application) _____

EMPLOYMENT HISTORY

List your most recent position first, use additional sheets if necessary. Explain any periods of unemployment or time periods between times employed.

Company Name		Dates of Employment		
		From:	To:	
Address		City	State	Zip
Telephone ()	Immediate Supervisor		<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$	
Position(s) Held		Reason(s) for Leaving or Seeking Other Employment		

Company Name		Dates of Employment		
		From:	To:	
Address		City	State	Zip
Telephone ()	Immediate Supervisor		<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$	
Position(s) Held		Reason(s) for Leaving or Seeking Other Employment		

Company Name		Dates of Employment		
		From:	To:	
Address		City	State	Zip
Telephone ()	Immediate Supervisor		<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$	
Position(s) Held		Reason(s) for Leaving or Seeking Other Employment		

Company Name		Dates of Employment		
		From:	To:	
Address		City	State	Zip
Telephone ()	Immediate Supervisor		<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$	
Position(s) Held		Reason(s) for Leaving or Seeking Other Employment		

Comments regarding periods of unemployment _____

Have you ever been terminated or asked to resign by any employer? ☐ Yes ☐ No If Yes, provide employer, date and circumstances _____

Applicant Verification

I certify that all of the information on this application, exhibits and resumes submitted to Buckner is true, correct, and complete. I understand that false, misleading, incomplete or omitted information will result in the rejection of my application or, if hired, the termination of my employment. I authorize Buckner and its agents to confirm all information on this application, exhibits and resumes, to contact companies and institutions listed to obtain references and to investigate my suitability for employment. I agree to provide additional information if requested by Buckner or its agents. I authorize Buckner to conduct any investigation it deems necessary with respect to information supplied above. I authorize any former employer, present employer, school, college, university, credit or finance bureau, personal reference and/or any other person to give any information they may have concerning my employment, education, certification, licenses, character, criminal record, driving record, credit or other information of any kind or type. I hereby unconditionally release from all liability for any damage, whether caused directly or indirectly from giving or receiving this information or opinions, Buckner and any informant contacted whether named or unnamed.

Buckner is required to and will conduct a criminal record check under law. I understand that I will be ineligible for employment with Buckner if I have committed certain criminal offenses.

I understand that, if employed, I will be required to follow the personnel policies, rules, and regulatory requirements governing the organization and that infractions of such may lead to my discharge. I also understand that Buckner follows employment-at-will practices, and does not discriminate in employment based upon age, race, color, sex, national origin, physical or mental condition/disability, veteran status, or any other legally protected status. In the event of employment, I understand that any false or misleading information given in this information sheet or interview may result in discharge whenever discovered.

I understand that this employment application is not an offer of employment or employment contract, either expressed or implied, between Buckner and me. I understand that if hired, I may resign or be terminated by Buckner at any time without advance notice or requirement of cause. I acknowledge that any employment will be for an indefinite time period and that I have not been guaranteed continued employment. I also understand that no manager, supervisor, or other employee of Buckner has the authority to promise or guarantee continuing employment.

I acknowledge that I have read and understand the information set forth above.

Signature _____

Date _____

LIST OF REFERENCES

Please list a minimum of three professional and/or personal references. If you would like to list additional references you may do so on the back of this form.

Name			How long have you known this person?		
			From:		To:
Address		City		State	Zip
Telephone ()	Alt. Telephone			Best Time to Contact	
E-mail Address			<input type="checkbox"/> Professional <input type="checkbox"/> Personal		

Name			How long have you known this person?		
			From:		To:
Address		City		State	Zip
Telephone ()	Alt. Telephone			Best Time to Contact	
E-mail Address			<input type="checkbox"/> Professional <input type="checkbox"/> Personal		

Name			How long have you known this person?		
			From:		To:
Address		City		State	Zip
Telephone ()	Alt. Telephone			Best Time to Contact	
E-mail Address			<input type="checkbox"/> Professional <input type="checkbox"/> Personal		

Name			How long have you known this person?		
			From:		To:
Address		City		State	Zip
Telephone ()	Alt. Telephone			Best Time to Contact	
E-mail Address			<input type="checkbox"/> Professional <input type="checkbox"/> Personal		

I am an applicant for employment at Buckner. As such, I certify that the information I have provided to Buckner both orally and in writing is accurate and complete. I authorize Buckner and any agent acting on its behalf to confirm this information and to secure necessary information from all my references. I release without reservation all of those information providers and Buckner and any agent acting on its behalf from any and all liability arising from their giving or receiving information about my employment history, character, academic credentials or qualifications. I understand that this information is confidential and that disclosure of this information to me and to others will be governed by Buckner policy and state law.

I, therefore, authorize Buckner and any agent acting on its behalf to contact the above named entities or individuals.

Signature

Date

Printed Name

BUCKNER

Fair Credit Reporting Act Disclosure of Information

Buckner International and its affiliated and subsidiary corporations (Buckner), when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. As an applicant from employment or as an employee of Buckner, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing “consumer reports” to others, such as, Buckner.

A “consumer report” is any written, oral, or other communication of any information by a “consumer reporting agency” bearing on a consumer’s character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes. For Buckner purposes, a consumer report will include information from law enforcement agencies, state agencies and public records information, such as felony, misdemeanor and sex offender criminal records.

If Buckner obtains a “consumer report” about you, and if Buckner considers any information in the “consumer report” when making an employment related decision that directly and adversely affects you, you will be notified before the decision is finalized and you will be provided with the name of the agency or agencies within the time allowed. You may also contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

Applicant Initials

I am a applicant for employment at Buckner. As such, I certify that the information I have provided to Buckner both orally and in writing is accurate and complete. I authorize Buckner and any agent acting on its behalf to confirm this information and to secure necessary information from all my employers, references, credit bureaus and academic institutions. As part of this inquiry, my complete police and driving record will be reviewed and civil litigation records checked. I release without reservation all of those information providers, including law enforcement agencies, state agencies, state repositories, city, state and federal court or information service bureaus, and Buckner and any agent acting on its behalf from any and all liability arising from their giving or receiving information about my employment history, academic credentials or qualifications (except liability arising under the Fair Credit Reporting Act). I understand that this information is confidential and that disclosure of this information to me and to others will be governed by Buckner policy and state law.

I also understand that I have rights under the Fair Credit Reporting Act, which has been provided to me by Buckner. This authorization will remain in effect throughout the term of employment. Any false or misleading statements I have made will be sufficient cause for rejection of my application or for dismissal if Buckner employs me. I have read and understand the preceding statement.

Signature

Date

Printed Name

Witness Signature

Date

Printed Name

Buckner Pre-Hire Criminal Conviction and Motor Vehicle Background Investigation Policy

Buckner desires to provide a safe environment for all employees and clients at each of our locations. To help us achieve this goal and comply with state and federal laws as well as regulatory and licensing requirements, our policy requires that we conduct a background investigation on all job candidates to determine their eligibility for an offer of employment. All candidates for employment, prior to conducting the investigation, must complete the form entitled Criminal Conviction and Motor Vehicle Background Investigation Acknowledgment.

It is our policy to hire or continue to offer employment to persons who have never pled guilty to, been convicted of, or received probation, community service or completed other conditions set by a court, such as deferred adjudication or pretrial diversion, for any criminal offense, other than minor traffic citations including, but not limited to criminal homicide; kidnapping and false imprisonment; indecency with a child; prostitution; sexual assault; aggravated assault; abandoning and endangering a child; aiding suicide; agreement to abduct from custody; sale or purchase of a child; arson; robbery; aggravated robbery; injury to a person; possession of illegal substance; fraud; theft; or other action which violates state or federal guidelines for any agency, organization, or other entity owned or operated by the Company. Applicants guilty of other convictions which the Company believes to be a risk to the safety or welfare of our clients' or employees' will be considered unemployable.

Persons convicted of driving while under the influence of alcohol within the past five (5) years will be considered unemployable. Persons with motor vehicle records that indicate three (3) or more moving violations within the past three (3) years are not considered employable if their job requires them to transport clients or drive Company owned or operated vehicles. Jobholders required to drive on behalf of the Company must be at least age 21.

Criminal and motor vehicle records will be investigated on all employees once every 12 months. Any time the Company learns that an employee is no longer in compliance with this policy, an investigation will occur immediately. In the event the investigation confirms that the employee is not in compliance with Company policy or state and federal regulatory guidelines and laws, that employee will be terminated immediately. All employees are required to notify their supervisor immediately, should any of the above stated events occur regarding themselves or another employee of the Company. The Company reserves the right to conduct an investigation at any time for reasonable cause.

Only employees authorized by Company management may conduct a criminal history check. Employees are prohibited from requesting a criminal history check on anyone who is not an employee or an applicant for employment.

Compliance with the Buckner Background Investigation Policy is a condition of employment. Failure or refusal by an employee or applicant to cooperate fully, sign any required document, submit to any background check, or other such failure to comply with any provision of this policy will be grounds for immediate termination of employment or disqualification from employment eligibility.

Information obtained as a result of a background investigation will remain confidential and will be kept in a secured file drawer separate from other employment records.

Pre-Hire Criminal Conviction and Motor Vehicle Background Investigation ACKNOWLEDGMENT

I, _____, have read the Background Investigation policy as presented to me, and any questions which I may have had have been answered. I, therefore, fully understand its meaning and requirements and hereby agree that should I will comply with it at all times. I agree to cooperate with the procedures for conducting a criminal conviction and motor vehicle background investigation. I affirm that all of the information provided by me which may be used in complying with the investigation is true and correct. I acknowledge that if any investigation reveals information that would bar employment, if hired, my employment will terminate immediately.

☐ **I AM AT LEAST 18 YEARS OF AGE**

Applicant Signature

Date

BUCKNER PRE-HIRE SUBSTANCE ABUSE & DRUG TESTING POLICY

Buckner is committed to maintaining a safe, healthy, productive and lawful work environment. We believe our employees have the right to work in an alcohol-free and drug-free environment as well as work with others who are free from the effects of alcohol and illegal drugs. The use of illegal drugs and/or controlled substances increase the potential for, among other things, on-the-job injuries, absenteeism, unsatisfactory work performance, poor morale and damage to Buckner's reputation. The use, possession or distribution of illegal drugs and/or controlled substances is strictly prohibited on any Company premise, in any Company facility and in any work situation involving the Company, its employees, clients and/or suppliers.

Applicants and employees are required to complete the drug testing process within 24-hours of receipt of notification from a Buckner representative. If any Applicant fails to complete the drug testing process within 24-hours of receipt of notification from a Buckner representative, that Applicant will no longer be eligible for employment with Buckner.

All final candidates for jobs must submit to a drug test for the urinary presence of the drugs of abuse and alcohol prior to being considered for employment with Buckner. No candidate may be considered for employment until drug test results are received. Positive test results will be sent to Medical Review where a Medical Review Officer will confirm a positive or negative test after following medical review procedures and contacting the donor. If a positive test result is confirmed, the candidate will not be eligible for employment with Buckner, and if the candidate was hired on a contingent offer letter, the employment will end for violation of Buckner's substance abuse and testing policy.

More specifically, the test confirmation will occur as follows: in all cases, a test positive will be verified by a second confirmation test from the same specimen. All positive test results will be further analyzed by a third party, licensed physician referred to as a Medical Review Officer (MRO). MRO will contact the donor to determine if there are valid prescriptions or other factors to be considered before rendering a confirmed result. The MRO will inform the donor of the result that will be reported; therefore, Buckner will provide no further explanation to the individual upon request.

Any such test results or follow-up, as well as other health records and information, are confidential and shared only with those persons within the Company who have a legitimate need to know. All specimen collection and processing techniques will be consistent with Buckner's rules governing forensic tests.

A job applicant or candidate who refuses to consent to a drug and/or alcohol test will be denied employment with Buckner.

No applicant for employment will be labeled a "drug user", and there will be no disclosure of such information to a third party who does not have a need to know about test results or subsequent actions. All investigations and test results of individuals will be kept confidential except that there may be instances when Buckner will be required to notify legal or regulatory authorities.

Pre-Hire Substance Abuse and Drug Testing Policy ACKNOWLEDGMENT

I, _____, have read the Substance Abuse and Drug Testing Policy as presented to me and any questions which I may have had have been answered. I, therefore, fully understand its meaning and requirements and hereby agree to comply with it at all times during the interview process, and should I become an employee of Buckner, during my employment.

☐ I AM AT LEAST 18 YEARS OF AGE

Applicant Signature

Date

BUCKNER

Applicant for Employment RELEASE OF EMPLOYMENT RECORDS

I, _____, hereby authorize Buckner and its agents to investigate all facts contained in my application for employment with said Company, and authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from furnishing of said information. I understand and agree that, if hired, my employment is for no definite period of time, and that I may be terminated at any time without prior notice. A copy of this release shall be as valid as the original.

Applicant Signature

Date

Printed Name of Applicant

Witness Signature

Date

Printed Name of Witness

I authorize Buckner, and its designated representative to release any and all pre-employment or employment records including Criminal Conviction and Motor Vehicle Background Investigations, and my Drug Testing results to a Workforce Commission, Equal Employment Opportunity Commission, Wage and Hour Board, or other entity to which I have made claim for benefits of any kind or made any type of claim, and to release to any federal or state agency.

The signature of applicant is required for consideration for employment. The signature of employee is required as a condition of employment. Nothing in this policy is intended to alter the Company's position of employment-at-will. The length of employee's employment at Buckner is for no specified period of time and employment may be terminated by the Company or by the employee at any time for any reason.

Signature

Date

Printed Name

Witness Signature

Date

Printed Name

BUCKNER

Applicant Self-Identification Form

Completion of this form is voluntary.

Buckner is an Equal Opportunity Employer. We are a company that values diversity. As required by law, Buckner attempt to collect information from its applicants as required by the EEOC in order to record certain information as part of the Affirmative Action Program. Results will be used for research and statistical purposes only regarding Affirmative Action and the EEOC. All results will be kept confidential. The information you provide or refusal to provide this information will have no impact on your application and will not subject you to any adverse treatment. Your cooperation in completing this form accurately and completely will be appreciated. This form is not retained in any employee file.

Name _____ Today's Date _____

Applying For _____ Facility/Location _____

Referral Source _____
(i.e., recruiter, newspaper, advertisement, employee, other)

1. GENDER: ☐ Male ☐ Female

2. PLEASE MARK ONE OF THE FOLLOWING CATEGORIES (Defined by governmental terms):

☐ **Black or African American (not Hispanic or Latino)**

A person having origins in any of the Black racial groups of Africa.

☐ **Hispanic or Latino**

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture regardless of race.

☐ **Asian (not Hispanic or Latino)**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, China, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **American Indian and Alaskan Native (not Hispanic or Latino)**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community recognition. Meets Bureau of Indian Affairs definition standards.

☐ **White (not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **Two or More Races (Not Hispanic or Latino)**

All persons who identify with more than one of the above five races.

3. PLEASE CHECK IF APPLICABLE:

☐ **I DO NOT WISH TO SELF-IDENTIFY**

Applicant Signature

Date