

**Life Choices Unlimited, Inc.**  
**EMPLOYMENT APPLICATION**

For Additional Information please call Human Resources at:  
**1-(888) 316-4606 Telephone – 1-(877) 316-4608 Facsimile**

Dear Applicant,

The following completion requirements must be followed:

- (1) Please fill out application form completely to ensure consideration. Resumes will not be accepted in lieu of application unless so noted on a specific job announcement.
- (2) You must apply for a specific position as listed on the job vacancy bulletin.
- (3) Provide three (3) letters of reference (from persons not related by blood) which addressed previous work experience and each letter must state that applicant is able to “provide a healthy and safe environment for the individuals served” by this company.
- (4) If you are applying for a Case Manager position you must have a letter of reference that states “you have had 2 yr experience of full time work in the social, behavioral, or human services or related field”.
- (5) Provide copies of current CPR and First Aid Certification (cards).
- (6) Provide copies of current Texas driver’s license, social security card, and other certification related to the position you are applying for.
- (7) List all education application attainment, diplomas, certifications and /or licenses.
- (8) All applicants are required to successfully complete a competency exam that reflects the applicant’s ability to accurately document service delivery and observations of the individuals to be served. If applicant is unable to complete the competency exam he/she will not be considered for employment.
- (9) Employment history for the last 5 years should include names and mailing addresses of employers, dates of employment, specific job duties, and reasons for separation.
- (10) Copies of diploma, transcripts, and /or professional licensures should be attached to each application for any position requiring a licensure or degree, or if you wish to use college courses for substitution and the position allows this. (Please provide copies of these documents.)
- (11) Applicants whose job experience or educational background meets the job qualifications will be considered for interview. Job interviews will be awarded based on overall job qualifications. Not all applicants will be granted an interview.
- (12) In accordance with the Immigration Reform and Control Act, proof of eligibility to work in the United States is required at the time of hire.

The foregoing list is mandatory for your application to be considered active. Resumes and any further information, which better indicates your work history and skills, are encouraged. Please note that only interviewed applicants will be notified regarding the selection for the positions(s) applied for. Thank you for your interest in Life Choices Unlimited, Inc.

**DRUG TEST:** All positions are subject to drug testing in accordance with the Life Choices Unlimited, Inc. Alcohol and Controlled Substance Abuse Testing Program Policy. Employment is contingent on the results of a drug-screening test.

**An Equal Opportunity/Affirmative Action Employer**

## Criminal History Clearance

Life Choices Unlimited, Inc. promotes safety in the rendering of its services. A Criminal History Clearance is a part of this process. If the results of the criminal history clearance reveal a conviction of any of the criminal offenses listed below (**Subsection G of the Texas Administrative Code**), Life Choices Unlimited, Inc. will consider any of these offenses as a bar to employment. See Listing below:

### CONVICTIONS BARRING EMPLOYMENT

- (criminal homicide);
  - (kidnapping and unlawful restraint);
  - (continuous sexual abuse of young child or children);
  - (indecent exposure with a child);
  - (sexual assault);
  - (aggravated assault);
  - (injury to a child, elderly individual, or disabled individual);
  - (abandoning or endangering child);
  - (aiding suicide);
  - (agreement to abduct from custody);
  - (sale or purchase of a child);
  - (arson);
  - (robbery);
  - (aggravated robbery);
  - (indecent exposure);
  - (improper relationship between educator and student);
  - (improper photography or visual recording);
  - (deadly conduct);
  - (aggravated sexual assault);
  - (terroristic threat);
  - (online solicitation of a minor);
  - (money laundering);
  - (Medicaid fraud);
  - (cruelty to animals); or
  - a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection.
- ✓ A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date the person is convicted of:
- (assault), that is punishable as a Class A misdemeanor or as a felony;
  - (burglary);
  - (theft),
  - (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony;
  - (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony;
  - (false identification as peace officer); or
  - (disorderly conduct).
- ✓ In addition to the prohibitions on employment prescribed by Subsections (a) and (b), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:
- (burglary); or
  - under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code.

✓

- ✓ For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5(c), Article 42.12, Code of Criminal Procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

**Conviction of other offenses may be considered a disqualification of employment**

AUTHORIZATION TO COMPLETE CRIMINAL HISTORY CHECK

I, \_\_\_\_\_ hereby authorize Life Choices Unlimited, Inc. to complete a criminal history background check to verify that I have not been convicted of any of the offenses listed above.

Applicant signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_, 2010

## Life Choices Unlimited, Inc. Application for Employment

PRINT IN BLACK INK OR TYPE: These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. Life Choices Unlimited, Inc. is an Equal Opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You can make copies of the application and enter different positions titles, but each copy must have an original signature.

Name: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Last)            (First)            (MI)            (Daytime Phone)

Mailing Address (Current) \_\_\_\_\_  
(Street)            (City)            (State)            (Zip)

List any other names used if different from name given on this application. \_\_\_\_\_

List The Exact Title of the Position for Which You Wish to Apply				
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Summer <input type="checkbox"/>	Temp/project <input type="checkbox"/>	Date available for work _____

Are you willing to work hours other than 8-5? Yes  No  Are you willing to work days other than Monday-Friday? Yes  No

Are you willing to travel? Yes  No  If yes, what percent of time? \_\_\_\_\_

Driver's License No. \_\_\_\_\_  
(State)    (Number)    (Exp.date)

Class A  Class B  Class C  Class M   
 Class A Commercial  Class B Commercial   
 Class C Commercial  Class M Commercial

Are you at least 17 years of age? Yes  No

Have you ever lived out of the State of Texas? Yes  No

Geographic preference. (Be specific to city/area. If no preference, write "Valleywide") \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If your answer is "yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will. Note: this agency may require additional information related to convictions of misdemeanors and deferred adjudication.

Education (Note applicants are required to provide proof of diploma, degree, transcripts, licenses, certifications and registration)

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12      Did you graduate/achieve GED? Yes  No

Type of School	Name and Location of School	Dates Attended			Sem/Clock Hours Completed	Graduated		Expected Graduated Date	Type of Diploma Degree	Major/Minor Field of Study
		From ----	To	MMYY -		MMYY	Yes ---			
High School										
Colleges or Universities										

Tech, Voc, Business Schools/Other																				
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

License/Certificate(P.E., R.N., M.S.W., C.P.A., etc)	Date Issued	Issued by (State or other authority)	License No.	Location of Issuing Authority (city & state)

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, types of software and hardware, etc.

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Approximate Words Per Minute in Typing \_\_\_\_\_ (if required for this position)

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

Have you ever been employed by Life Choices Unlimited Inc.? Yes  No

Do you have any relatives working for this agency? Yes  No  If yes, list the names, relationships, and city where employed: \_\_\_\_\_

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Dates of Service (From/To) \_\_\_\_\_

**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 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 United States.
3. I understand that Life Choices Unlimited, Inc. may check with 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

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.

1. Include ALL employment information. Begin with your current or last position and work back to your first position.
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 positions, indicate the number of employees you supervised.

Applicant Name: \_\_\_\_\_

Last Name

First Name

Middle Name

Position Title:						Immediate Supervisor: Name: _____ Title: _____			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>
Employer: Mailing Address: City and State/Zip						Supervisor's Telephone No. AC ( )			
Employer's Telephone No: AC( )						If supervisory, number of employees you supervised ____			Give average number of hours worked per week if part-time _____.
Starting Date		Leaving Date			Current/ Final Salary		Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		
Mo.	Day	Yr.	Mo.	Day	Yr.				

Summary of experience:

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Specific reason for leaving:

Position Title:						Immediate Supervisor: Name: _____ Title: _____			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>
Employer: Mailing Address: City and State/Zip						Supervisor's Telephone No. AC ( )			
Employer's Telephone No: AC( )						If supervisory, number of employees you supervised ____			Give average number of hours worked per week if part-time _____.
Starting Date		Leaving Date			Current/ Final Salary		Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		
Mo.	Day	Yr.	Mo.	Day	Yr.				

Summary of experience:

---

Specific reason for leaving:

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same format of this application form.

## References

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

LIST THREE CHARACTER REFERENCES:

This should be someone other than a relative who can provide information on your employment

\_\_\_\_\_  
Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**NOTE:**

Dear Applicant,

As outlined in page 1 (completion requirements of this application), you must provide three (3) letters of reference (from persons not related by blood) which addressed previous work experience and EACH LETTER MUST STATE THAT APPLICANT IS ABLE TO "PROVIDE A HEALTHY AND SAFE ENVIRONMENT FOR THE INDIVIDUALS SERVED BY THIS COMPANY". You may use the following sample reference letters to comply with this requirement or you may bring your own letters as long as the include the information requested. Thanks!

**Life Choices Unlimited, Inc.**  
**An Equal Opportunity/Affirmative Action Employer**

Date: \_\_\_\_\_

Re: Letter of Reference

To Whom It May Concern:

\_\_\_\_\_ has provided home care services to individuals with disabilities. He/She is capable of providing services as a caregiver. He/She is able to provide optimal care in areas such as personal hygiene, residential assistance, support family love, and assistance with housekeeping, meal planning and preparation, securing and providing transportation, assistance with ambulating and mobility, assistance with medications and the performance of task delegated by a Registered Nurse. He/She is able to provide a safe and healthy environment to individuals with disabilities. If you should need additional information concerning the applicant listed above, please contact me at the number listed below.

Thanks!

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_



Date: \_\_\_\_\_

Re: Letter of Reference

To Whom It May Concern:

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Thanks!

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Re: Letter of Reference

To Whom It May Concern:

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Thanks!

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_