



Denton County
Mental Health
Mental Retardation
Center

*The Regional Mental Health Mental Retardation
Authority for Denton County*

www.dentonmhmr.org

REQUIRED DOCUMENTATION TO BE SUBMITTED IS AS FOLLOWS:

- VALID TEXAS DRIVER'S LICENSE/ID
- SOCIAL SECURITY CARD
- AUTO LIABILITY INSURANCE
- OFFICIAL TRANSCRIPTS

PLEASE NOTE

**APPLICATIONS WILL NOT BE PROCESSED IF INCOMPLETE AND
IF ALL REQUIRED DOCUMENTATION IS NOT SUBMITTED.**

- **Applications are only accepted for open positions posted in the Employment Bulletin. Any incomplete applications will be returned to the applicant.**
- **ALL DOCUMENTATION THAT IS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING MUST BE SUBMITTED WITH THE APPLICATION IN ORDER TO BE CONSIDERED FOR EMPLOYMENT.**
- Upon employment, all applicants must provide positive proof of identification and employment eligibility as required by the Department of Homeland Security, U.S. Citizenship and Immigration Services, and complete and sign an I-9 Form attesting identification and employment eligibility.
- Original and completed applications will only be considered. Photocopied or faxed applications will not be accepted. If you attach a resume, you must also complete the entire application. Falsification of the application is grounds for unfavorable consideration or dismissal.
- Convictions related to any sexual offenses, drug related offenses, homicide, theft, assault, battery, kidnapping, arson, robbery, sale or purchase of a child or any other crime involving personal injury or threat to another person may render an applicant ineligible for employment. Criminal history checks are completed through the Texas Department of Public Safety prior to employment.
- All positions requiring the employee to provide transportation by agency or personal vehicle must have a acceptable motor vehicle record.
- Denton County MHMR Center does not discriminate on the basis of race, color, national origin, disability, or age in admission or access to treatment or employment in its programs and activities.

DENTON COUNTY MHMR CENTER

P.O. BOX 2346, DENTON, TEXAS 76202

EEO DATA FORM

1. The EEO Data Form should be completed by every applicant.

2. The form is to be returned to the Human Resources Department or mailed as addressed. It is not part of the application, nor is the data from this form to be considered during the hiring process.

DISCLAIMER: This information does not become a part of the hiring process, nor will the information be considered by those involved in the hiring process. This data is being collected under EEO requirements.

NAME: _____

Last

First

Middle

Date of Birth

ADDRESS: _____ Today's Date: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE#: _____

CHECK ONE:

Male Female

1. White

2. Black

3. American Indian

4. Asian

5. Hispanic

6. Other

WHERE DID YOU LEARN ABOUT THIS JOB?

1. Other center employee

2. Walk-in

3. Web Site

4. Newspaper/other Advertising

(name _____)

5. Job Line

6. Other federal/state/local agency

7. Job Fair

8. Other (specify) _____

Disability?: Yes No

Veteran?: Yes No

Disabled Veteran?: Yes No

Will you require accommodation for any testing or interviewing activities?

yes no If yes, please explain _____

Please give five (5) working days notice of needed accommodation.

DENTON COUNTY MHMR EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

2519 Scripture, P.O. Box 2346 Denton, Texas 76202

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

For HR Use Only

Advised / PC Sent: to submit DL - SS - EDU - INS – ALL - Closed – Not Qual. Date _____ Received _____

Please list all of the positions that you are interested in applying for. Your application will only be considered for positions that you meet the minimum requirements for and are currently available. Be sure to list both the Position Title and Position Number for the positions you wish to apply. Please consult the Employment Opportunities Bulletin for a list of currently available positions.

Position Title	Position Number	For HR Use Only
1. _____	_____	
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	
6. _____	_____	
7. _____	_____	
8. _____	_____	
9. _____	_____	
10. _____	_____	

DENTON COUNTY MHMR EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

2519 Scripture, P.O. Box 2346

Denton, Texas 76202

For HR use only:

Please print:

Name: _____ Date: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____ How did you hear about this position(s)? _____

Are you 18 yrs or older? Yes No

Are you employed now? Yes No If yes, may we contact your employer? Yes No

Have you worked for DCMHMR before? Yes No If Yes:

Location: _____ Dates Employment: _____

Title: _____ Supervisor: _____

Date available for work: _____ Can you work hours other than 8-5? Yes No

Are you willing to travel? Yes No If yes, what percentage? _____

Do you have a valid Texas driver's license Yes No

EDUCATIONAL BACKGROUND

Highest level of education achieved: _____

TYPE OF SCHOOL	NAME	LOCATION	GRADUATED	DEGREE/MAJOR
HIGH SCHOOL			Y <input type="checkbox"/> N <input type="checkbox"/>	N/A
COLLEGE/ UNIVERSITY			Y <input type="checkbox"/> N <input type="checkbox"/>	
GRADUATE STUDIES			Y <input type="checkbox"/> N <input type="checkbox"/>	
TECHNICAL/ VOCATIONAL			Y <input type="checkbox"/> N <input type="checkbox"/>	

CURRENT LICENSE/CERTIFICATIONS/REGISTRATIONS: _____

SPECIAL SKILLS/QUALIFICATIONS: _____

MILITARY SERVICE: (Active Duty) Branch _____ DATES: From _____ To _____

Do you speak/read/write any language other than English? Yes No

If yes, language _____ Non-fluent Fluent Interpreter

EMPLOYMENT RECORD

Please indicate all work experience within the last ten years, starting with the most recent. You may include volunteer or unpaid experience if it is identified as such. *If you have attached a résumé you still must complete the entire application. By listing these names you authorize Denton County MHMR to contact the individual and/or employer and obtain a reference.*

Position Title: _____ [] Full-time [] Part-time [] Unpaid

Employer: _____ Type of Business: _____

Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____

Address: _____ Phone #: _____

Supervisor's name & title: _____

Describe your duties/responsibilities: _____

Reason for Leaving: _____

Position Title: _____ [] Full-time [] Part-time [] Unpaid

Employer: _____ Type of Business: _____

Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____

Address: _____ Phone #: _____

Supervisor's name & title: _____

Describe your duties/responsibilities: _____

Reason for Leaving: _____

Position Title: _____ [] Full-time [] Part-time [] Unpaid

Employer: _____ Type of Business: _____

Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____

Address: _____ Phone #: _____

Supervisor's name & title: _____

Describe your duties/responsibilities: _____

Reason for Leaving: _____

Position Title: _____ [] Full-time [] Part-time [] Unpaid

Employer: _____ Type of Business: _____

Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____

Address: _____ Phone #: _____

Supervisor's name & title: _____

Describe your duties/responsibilities: _____

Reason for Leaving: _____

Do you have any relatives:

- a. working for DCMHMR? Yes No
- b. who are Board Members of DCMHMR? Yes No
- c. who are County Commissioners of Denton County? Yes No

If yes, please list names and relationships: _____

* Have you ever been discharged or asked to resign because of unsatisfactory conduct or performance of duties?
 Yes No If yes, please explain: _____

* Please list at least **two (2) references** below with accurate telephone numbers; **one (1) MUST be a professional reference. DO NOT LIST FRIENDS/RELATIVES OR CO-WORKERS.** By listing these names, you are giving your permission for us to contact these people.

Name	Phone	Relationship

In submitting this application, I ACKNOWLEDGE the following CONDITIONS: *Please Read Carefully*

1. Any misstatement or omission may constitute grounds for unfavorable consideration or dismissal from employment and I understand that I will not be eligible to apply for employment for one year from application. Falsification of the application is grounds for termination of employment. Convictions related to any sexual offenses, drug related offenses, homicide, theft, assault, battery, kidnapping, arson, robbery, sale or purchase of a child or any other crime involving personal injury or threat to another person may make me ineligible for employment with DCMHMR.
 2. I understand that if I am offered employment I must obtain a drug screen within 24 hours of that offer. If I do not I will not be eligible for employment for one year. I understand that ALL offers of employment are conditional upon the negative results of a drug screen. Some positions may also require a pre-employment medical examination.
 3. I understand that all offers of employment are extended through the Human Resources Office and all other offers of employment are not valid.
 4. I understand that if I have lived outside of Texas in the past two years I will be required to submit fingerprints to be sent to the F.B.I. for investigation.
 5. I understand that, if employed, I will be required to complete staff development training between the regular hours of 8am & 5pm or alternative evening/weekend training sessions when available. Failure to complete required training within specified time frames may result in termination.
 6. I understand that, if employed, I will serve a six month assessment period during which I may be separated from employment without cause.
 7. I understand that offers of employment or documents setting forth terms or conditions of employment are not valid unless they are written and signed by the Chief Executive Officer or the Acting Designee.
 8. I understand that, I will be required to produce proof of education, proof of licensure, proof of auto liability insurance (if applicable), Proof of a valid Texas Driver's license, proof of employment eligibility, positive identification, and additional documentation as needed, at any time as part of the hiring process,.
 9. I authorize DCMHMR to contact supervisors and references listed on the employment record section and the professional or academic references listed above 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.
 10. I authorize DCMHMR to verify any of the information I have submitted in this application or its attachments.
 12. I authorize DCMHMR to contact and obtain information from the Client Abuse/Neglect Registry, Nurse Aide Registry, and the Misconduct Registry. I understand that if I am listed on any of these registries I may be ineligible for employment with DCMHMR.
 13. I understand, upon employment with DCMHMR I am required to report to the Administrator of Human Resources any subsequent convictions/offenses I am charged with and any subsequent listing as "revoked" in the Employee Misconduct Registry/Nurses Aide Registry.
- I certify that the statements I have made on this application, as well as on any attachments, are true and correct to the best of my knowledge and belief.**

Applicant's Signature

Date

DENTON COUNTY MHMR CENTER
2519 SCRIPTURE ST, P.O. BOX 2346, DENTON, TEXAS 76202 (940) 565-5287

RELEASE OF INFORMATION AUTHORIZED BY APPLICANT:

By affixing my signature to this document, I hereby authorize and request each former employer, person, firm or corporation given as a reference to answer all questions that may be asked, give all information that may be sought and confirm all information provided concerning me or my work habits, character, skills or my actions in any transaction. I therefore release all parties and persons connected with my request for information from liability for furnishing such information.

MOTOR VEHICLE REPORT AUTHORIZATION:

By affixing my signature to this document, I hereby authorize Denton County MHMR Center to obtain a copy of my motor vehicle report. I understand that this will only be done if the position I am applying for requires driving and is only used to determine if I am an eligible driver for the Center. I understand that my motor vehicle report will be checked on an annual basis and if I become an ineligible driver I may be terminated from employment.

CLIENT ABUSE/NEGLECT REGISTRY, NURSE AIDE REGISTRY, EMPLOYEE MISCONDUCT REGISTRY CHECK AUTHORIZATION, AND WASTE/ABUSE/ FRAUD REGISTRY:

By affixing my signature to this document, I hereby authorize Denton County MHMR Center to verify my background with the Client Abuse/Neglect Registry, Nurse Aide Registry, Office of Inspector General Waste, Abuse, and Fraud Registry, and Employee Misconduct Registry. I understand this is a requirement of all applicants of Denton County MHMR Center. I understand that if I am listed on any of these registries I may be ineligible for employment with Denton County MHMR Center. I understand that if I am hired these registries will be checked annually and if I am listed at that time, I may be terminated. I also understand that if I become listed on any of these registries, I must notify the Administrator of Human Resources immediately.

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK:

The Denton County MHMR Center is required by state law to obtain criminal history record information on all applicants for employment with the Center (Texas Administrative Code (414.504)). I am an applicant with Denton County MHMR Center and have been advised as a part of the application process, the employer conducts a criminal history background check. I do hereby consent to the employer use of any information provided the application process in performing the criminal history check. The employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment.

I certify that the statements I have made on this application, as well as on any attachments, are true and correct to the best of my knowledge and belief. I understand that if any information provided proves to be incorrect or incomplete, grounds will exist for the canceling of any and all employment offers at the discretion of the Center.

Print Name

Signature of Applicant

Date

For Human Resources Use only

Client abuse/neglect Registry listed/not listed	Date_____	Signature_____
Nurse Aide Registry listed/not listed	Date_____	Signature_____
Employee Misconduct Registry listed/not listed	Date_____	Signature_____
OIG Texas and Federal listed/not listed	Date_____	Signature_____
Criminal History Obtained and Reviewed	Date_____	Signature_____
Motor Vehicle Report Obtained and Reviewed	Date_____	Signature_____

Chapter 253, Health and Safety code states the Employee Misconduct Registry (EMR) is implemented to track acts of misconduct by unlicensed/uncredentialed employees who provide direct care by capturing substantiated findings of abuse, neglect, exploitation, and misappropriation of resident or consumer property. Chapter 250, Health and Safety code states each facility, local authority, community center and provider must conduct criminal history clearance of all applicants (as defined) for employment.

DENTON COUNTY MHMR CENTER
2519 SCRIPTURE ST, P.O. BOX 2346, DENTON, TEXAS 76202 (940) 565-5287

**I understand the information listed below will only be used by the Center for the purpose of
obtaining background history information.**

Last Name	First Name	MI	Maiden/other names
Date of Birth	Social Security Number	Sex	Race
City	County	State	Driver License Number & State of Issue

The following are my responses to questions about my background and criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you lived outside the state of Texas any time during the 2 years preceding this application?
Yes No

2. Have you ever had a confirmation of Abuse or Neglect and/or are you listed on the Client Abuse/Neglect Registry?
Yes No . If YES, please provide an explanation below:
Location of Offense(s): _____ Date of Offense(s): _____
Details of Confirmation: _____

3. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense?
Yes No . (Excluding minor traffic violations) If YES, please provide an explanation below:
State: _____ County: _____ Date of Offense(s): _____
Details of Each Conviction: _____

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?
Yes No . If YES, please provide an explanation below:
State: _____ Country: _____ Date of Offense(s): _____
Details of Each Conviction: _____

5. As of the date of this authorization, do you have any pending criminal charges against you?
Yes No . If YES, please provide an explanation below:
State: _____ County: _____ Date of Offense(s): _____
Details of All Charges: _____

I certify that the statements I have made on this application, as well as on any attachments, are true and correct to the best of my knowledge and belief. I understand that if any information provided proves to be incorrect or incomplete, grounds will exist for the canceling of any and all employment offers at the discretion of the Center. I understand that any omission of information may also render me ineligible for employment with the center for up to one year.

Print Name	Signature of Applicant	Date
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DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	



CLEARANCE TO CONTRACT FOR DENTON COUNTY MHMR

			Date: _____
Last Name	First Name	Middle Initial	
Type of Contract: _____			
Date of Birth: _____		Social Security #: _____	
Drivers License #: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: _____

CRIMINAL HISTORY CHECK:			
APPROVAL TO CONTRACT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
SIGNATURE: _____	DATE: _____		

CANTRS:			
APPROVAL TO CONTRACT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
SIGNATURE: _____	DATE: _____		

EMPLOYEE MISCONDUCT REGISTER:			
APPROVAL TO CONTRACT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
SIGNATURE: _____	DATE: _____		

NURSES AID REGISTER:			
APPROVAL TO CONTRACT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
SIGNATURE: _____	DATE: _____		

EXCLUSION FROM MEDICARE/MEDICAID:			
APPROVAL TO CONTRACT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
SIGNATURE: _____	DATE: _____		

DRIVING RECORD:			
APPROVAL TO CONTRACT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
SIGNATURE: _____	DATE: _____		

**PREVENTION AND MANAGEMENT OF AGGRESSIVE BEHAVIOR PHYSICAL
REQUIREMENT ACKNOWLEDGEMENT**

******This Section MUST be completed if applying for a position that requires PMAB******

Please consult the Employment Opportunities Bulletin

By signing this description I acknowledge that I am able to perform the following physical requirements of the PMAB training program:

Scout Backwards
Pivot to either side
Grasp a wrist with either hand
Pull with either arm
Maintain low center of gravity
Support at least 55 lbs.
Lie in a prone position
Kneel on either knee
Stand from a kneeling position

I understand that if there are any questions regarding the PMAB program, I may contact Tonya Taylor at (940)381-1725. Videotapes of each procedure are available upon request. I understand that I may be required to obtain a physician's release to perform or train for PMAB in the event that there are any identified limitations.

Print Name

Signature

Date

IDD RESIDENTIAL THERAPIST & COMMUNITY SUPPORT SPECIALIST FINANCIAL AND WRITTEN INTERVIEW

This section must be completed if applying for a IDD Residential Therapist & Community Support Services Position

Read the information below carefully to solve the final question. Space is provided to show your work.

- Olga has a balance of \$313.95 in her checking account.
- On 1/7/12, she spent \$48.65 at Kroger on groceries.
- On 1/9/12, her paycheck of \$156.30 from the movie theatre was direct deposited into her checking account.
- On 1/10/12, she wrote a check (#325) for \$33.55 for her water bill and another check (#326) for \$45.50 for her electric bill.
- On 1/12/12, Olga went to breakfast at IHOP with Bertha and spent \$7.84 on the Root 'n Tooty Fresh and Fruity pancakes.

What is Olga's ending account balance after all transactions have posted? _____

Starting Amt.	Date	Description of Transaction	Deposit (+)/Withdrawal (-)	Balance
--	--	--	--	--
--	--	--	--	--
--	--	--	--	--
--	--	--	--	--
--	--	--	--	--
--	--	--	--	--

1. You are having a problem with a co-worker that could potentially evolve into a major situation. Show the steps you would use to resolve the problem.

2. A parent arrives at the group home and complains that her son's clock is missing from his bedroom. How would you assist the parent?

3. A consumer on the home refuses to participate in any training on your shift and expresses she has had a hard day. How would you handle this situation?

4. Describe in detail the most stress you have experienced in any work related situation. Show the strategy you used to cope.

5. Explain confidentiality as it relates to the human services area. Why is it important?