

Directions

Method 1:

Fill out the next 3 pages using your keyboard, then print the ENTIRE Application, fill in the rest of the pages completely including your signatures.

Then Mail it to:

UCP of North Texas
8802 Harry Hines Blvd.
Dallas, Texas 75235

Or:

Fax the ENTIRE completed Application to (214) 367-4803
Write - "Attention HR Director" on the Cover Sheet

Method 2:

Print ENTIRE Application, fill it in completely including your signatures.

Then Mail the ENTIRE Application to:

UCP of North Texas
8802 Harry Hines Blvd.
Dallas, Texas 75235

Or:

Fax the ENTIRE Application to (214) 367-4803
Write - "Attention HR Director" on the Cover Sheet

Should you meet the needed qualifications and pass the criminal background check, the HR Department will call you.

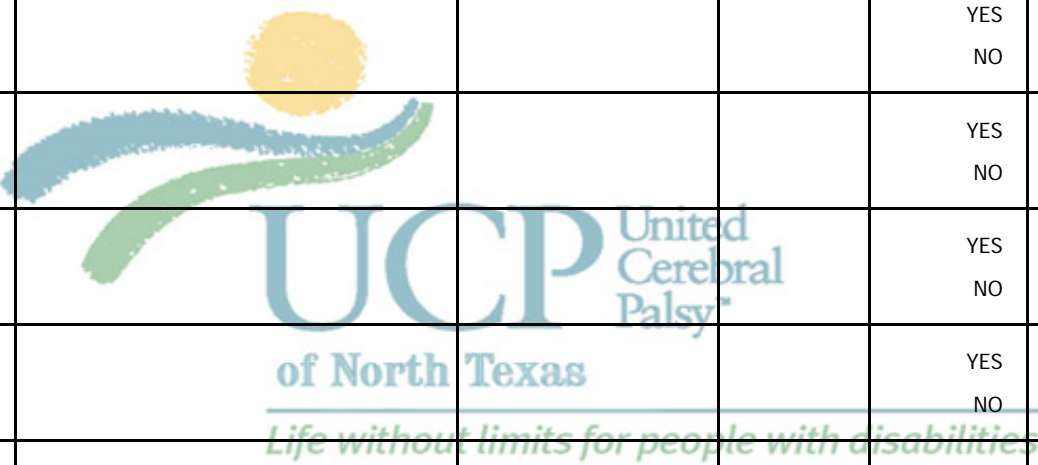
APPLICATION FOR EMPLOYMENT

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

**P
E
R
S
O
N
A
L**

Last Name	First Name	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
Have you ever applied for employment with UCP? 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:	

**E
D
U
C
A
T
I
O
N**

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	
				YES NO	

Membership in Professional or Civic Organizations

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

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.

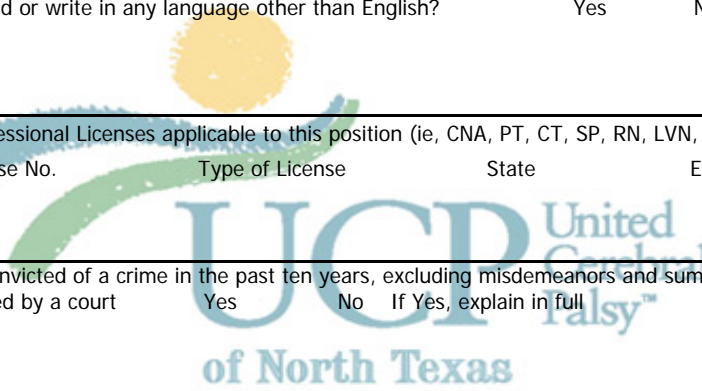
Please list any special skills or experience you have in the areas of clerical, professional, computer operations, etc.

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.



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.

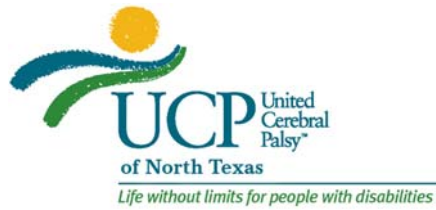
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the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

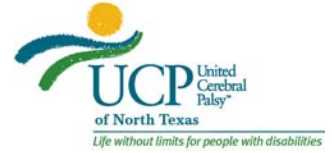
Applicant's Signature

Date



ALL APPLICANTS – PLEASE READ AND COMPLETE

Working for UCP of North 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 UCP of North Texas.



There are 25 offenses that are of concern for access to United Cerebral Palsy of North Texas Metropolitan Dallas facility. If a criminal history shows a conviction for any of these offenses, that person may be denied access to UCP Dallas 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 21.08, Texas Penal Code (indecent exposure).
4. An offense under Section 21.11, Texas Penal Code (indecenty with a child).
5. An offense under Section 21.12, Texas Penal Code (improper relationship between educator and student).
6. An offense under Section 21.15, Texas Penal Code (improper photography or visual recording).
7. An offense under Section 22.011, Texas Penal Code (sexual assault).
8. An offense under Section 22.02, Texas Penal Code (aggravated assault).
9. An offense under Section 22.021, Texas Penal Code (aggravated sexual assault).
10. An offense under Section 22.04, Texas Penal Code (injury to a child, elderly individual or disabled individual).
11. An offense under Section 22.041, Texas Penal Code (abandoning or endangering a child).
12. An offense under Section 22.05, Texas Penal Code (deadly conduct).
13. An offense under Section 22.07, Texas Penal Code (terrorist threat).
14. An offense under Section 22.08, Texas Penal Code (aiding suicide).
15. An offense under Section 25.031, Texas Penal Code (agreement to abduct from custody).
16. An offense under Section 25.08, Texas Penal Code (sale or purchase of a child).
17. An offense under Section 28.02, Texas Penal Code (arson).
18. An offense under Section 29.02, Texas Penal Code (robbery)
19. An offense under Section 29.03, Texas Penal Code (aggravated robbery).
20. An offense under Section 33.021, Texas Penal Code (online solicitation of a minor).
21. An offense under Section 34.02, Texas Penal Code (money laundering).
22. An offense under Section 35A.02, Texas Penal Code (Medicaid fraud).
23. An offense under Section 37.12, Texas Penal Code (false identification as a peace officer).
24. An offense under Section 42.01 (a)(7), (8), or (9), Texas Penal Code (disorderly conduct).
25. An offense under Section 42.09, Texas Penal Code (cruelty to animals).
26. A conviction under the laws of another state, federal law, or Uniform Code of Military justice for an offense listed under 1-25 above; or
27. A conviction under chapter 31, Texas Penal Code (theft), that is punishable as a felony may not be granted access to UCP.

If the criminal history shows any other conviction on that person's record that UCP determines is a contraindication to access to a UCP facility, UCP can deny access to UCP 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 M F

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



NOTICE AND AUTHORIZATION CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because UCP 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 UCP, 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 UCP are filed with any third parties, UCP may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain involved with UCP 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

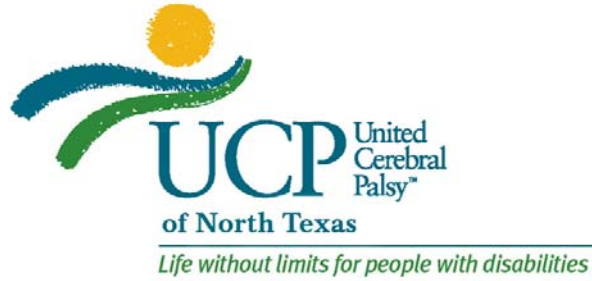
I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to UCP (1) in conjunction with my application for employment, volunteer, or contract service, (2) during the entire 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 UCP 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 UCP 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 UCP, 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 UCP.

Name (Printed)

Social Security #

Signature

Date



FELONY CONVICTION STATEMENT

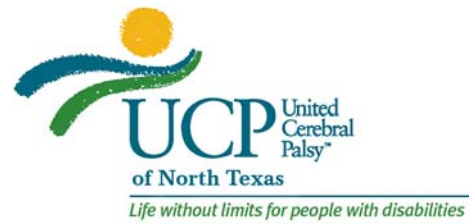
I have never been convicted of a felony or misdemeanor classified as an offense against a person or a family; public indecency; or of any law intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act.

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

UCP 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, UCP may deny/terminate my employment .

Printed Name

Signature

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 UCP of North Texas and further, hereby release these references from any and all responsibility in supplying the requested information.

Applicant's Signature

Date

UCP of North 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.