



Application Requirements

Dear Applicant:

Thank you for your interest in employment with Tropical Texas Behavioral Health. The attached application should be returned to:

**TROPICAL TEXAS BEHAVIORAL HEALTH
HUMAN RESOURCES DEPARTMENT
1901 S. 24th AVENUE
EDINBURG, TEXAS 78540-1108
(956) 289-7076**

The following completion requirements must be followed:

- (1) Fill out application form completely to ensure consideration. **INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.** Resumes will not be accepted in lieu of applications unless so noted on a specific job announcement.
- (2) You must apply for a specific position by specifying the Job Posting (PRF) Number obtained from the JOB VACANCY BULLETIN.
- (3) A separate application must be prepared for every three positions applied for.
- (4) List all education application attainment, diplomas, active certifications and/or licenses.
- (5) Employment history for the last ten years should include names and mailing addresses of employers, dates of employment, specific job duties, and reasons for separation.
- (6) 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.)
- (7) 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.
- (8) 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 position(s) applied for. Again, thank you for your interest in Tropical Texas Behavioral Health.

DRUG TEST: All positions are subject to drug testing in accordance with the Tropical Texas Behavioral Health Alcohol and Controlled Substance Abuse Testing Program Policy. Employment is contingent on the results of screening tests.

AGILITY TEST: Identified positions are subject to a physical agility test.

FBI: All positions are subject to FBI background checks.



CRIMINAL HISTORY CLEARANCE

Tropical Texas Behavioral Health promotes safety in the rendering of its services. **Criminal History and FBI Fingerprint Clearances are part of this process.** If the results of the criminal history clearance reveals a conviction of any of the criminal offenses listed below (Subsection G of the Texas Administrative Code), (Chapter 4, Subchapter K) Tropical Texas Behavioral Health will consider any of these offenses as a bar to employment.

- (A) Criminal Homicide
 - (B) Indecency With a Child
 - (C) Kidnapping and False Imprisonment
 - (D) Agreement to Abduct from Custody
 - (E) Solicitation of a Child
 - (F) Arson
 - (G) Robbery
 - (H) Aggravated Robbery
 - (I) Sexual Assault and/or Rape
 - (J) Aggravated Assault
 - (K) Injury to a child, Elderly Individual or Disabled Individual
 - (L) Abandoning or Endangering a Child
 - (M) Aiding Suicide
 - (N) Indecent exposure
 - (O) Improper relationship between educator and student
 - (P) Improper photography or visual recording
 - (Q) Deadly conduct
 - (R) Aggravated sexual assault
 - (S) Terrorist threat
 - (T) Online solicitation of a minor
 - (U) Money laundering
 - (V) Medicaid fraud
 - (W) Cruelty to animal
 - (X) 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 above; and Conviction, which has occurred within the previous five (5) years for:
 - i. Assault that is punishable as a Class A misdemeanor or as a felony
 - ii. Burglary
 - iii. Theft that is punishable as a felony
 - iv. Misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony OR
 - v. Security execution of a document by deception that is punishable as a Class A misdemeanor or a felony
- Class A misdemeanor or felony:
- vi. False identification as a peace officer
 - vii. Disorderly conduct
- Has a conviction of an offense that the MRA or community center determines is a contraindication to employment or volunteer status;
- viii. Listed as “revoked in the Nurse aide Registry, or
 - ix. Listed as “unemployable” in the Employee Misconduct Registry.

Conviction of other criminal offenses may be considered a disqualification to employment.

EEO DATA FORM

This information does not become part of the hiring process, nor will the information be considered by those involved in the hiring process. This data is being collected for Equal Employment Opportunity monitoring.

NAME: _____ TODAYS DATE: _____

JOB POSTING NUMBER _____

WHERE DID YOU LEARN ABOUT THIS JOB? _____

SOCIAL SECURITY NUMBER _____

MALE FEMALE

CHECK ONE ONLY:

- Black (but not of Hispanic origin)
- Asian or Pacific Islanders
- American Indian or Alaskan Native
- Hispanic: All persona of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- White (but not of Hispanic origin)

Please give date of birth, **MO. DAY YR.**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This card is to be completed and returned to the Receptionist in the Department of Human Resources.



Application for Employment
INCOMPLETE APPLICATION WILL NOT BE PROCESSED

PRINT IN BLACK INK OR TYPE: These instructions must be followed exactly. Fill out application form completely to ensure consideration. Resumes will not be accepted in lieu of applications unless so noted on a specific job announcement. If questions

are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign upon completion. Tropical Texas Behavioral Health 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 may make copies of the application and enter different positions titles, but each copy must have an original signature. Persons needing accommodations may contact the Protected Class Coordinator at (956) 289-7022.

Name: _____ (_____) _____
 (Last) (First) (MI) (Daytime Phone)

Mailing Address (Current) _____
 (Street) (City) (State) (Zip)

List any other names used if different from name listed above (include Maiden name) _____

Full-time Part-time Summer Temp/project Date available for employment: _____

Are you willing 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? _____ Email address: _____

Have you previously been employed by TTBH: No Yes If yes, give dates: _____ You must be deemed eligible for rehire.

Have you ever been convicted of a felony? Have you ever plead guilty or no contest /nolo contendere to a charge? No Yes

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 charges, arrests and convictions of misdemeanors and/or Deferred Adjudication.

Driver's License #: _____ or TXID#: _____ State _____ Exp. _____ Are you at least 17 years of age? Yes No

LIST THE EXACT TITLE OF THE POSITION FOR WHICH YOU WISH TO APPLY	JOB POSTING No.
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Minimum salary requirement: _____ Geographic preference. (Be specific to city/area.) _____
 (Do not Leave Blank) (Do not Leave Blank)

EDUCATION (NOTE: **Applicants are required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.**) 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 MMY	To MYY					
High School or GED								
Undergraduate Schools								
Graduate Schools								
Tech, Voc, Business Schools								



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

Table with 6 columns: License/Certificate, Date issued, Expiration Date, Issued by, License No., Location of Issuing Authority.

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.

Approximate Words per Minute in Typing _____ (if required for this position)

Do you have computer program experience with? Microsoft Word [] Excel [] Power-Point []

Do you speak English? 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 []

Do you have any relatives (i.e., contractors, board members etc.) affiliated with TTBH? 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 by 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 TTBH will check with The 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 SIGN HERE:* _____ 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. The employment history section must be filled out completely.

1. Include ALL employment. Begin with your current of 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.

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 at this application form.

Name _____
Last Name
First Name
Middle Name

Position title: Employer: Mailing Address: City and State/ZIP: Employer's Telephone No: AC ()						Immediate Supervisor Name: _____ Title: _____			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">Starting date</td> <td colspan="3" style="padding: 2px;">Leaving date</td> <td rowspan="2" style="padding: 2px;">Final Salary</td> <td colspan="2" style="padding: 2px;">Technical <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Mo</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Yr</td> <td style="padding: 2px;">Mo</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Yr</td> <td colspan="2" style="padding: 2px;">Non-managerial <input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="padding: 2px;">Supervisory/Managerial <input type="checkbox"/></td> </tr> </table>						Starting date			Leaving date			Final Salary	Technical <input type="checkbox"/>		Mo	Day	Yr	Mo	Day	Yr	Non-managerial <input type="checkbox"/>		Supervisory/Managerial <input type="checkbox"/>								Supervisor's Telephone No. AC ()			Give average Number of hours Worked per week if part-time _____	
Starting date			Leaving date			Final Salary	Technical <input type="checkbox"/>																												
Mo	Day	Yr	Mo	Day	Yr		Non-managerial <input type="checkbox"/>																												
Supervisory/Managerial <input type="checkbox"/>																																			
If supervisory, number of employees you supervised: _____																																			

 Summary of experience: Specific reason for leaving: | | | | | || Position title: Employer: Mailing Address: City and State/ZIP: Employer's Telephone No: AC () | | | | | | Immediate Supervisor Name: _____ Title: _____ | | | Full-Time Part-Time Summer Temp/Project | |
| | | | | | | | | | | |---|-----|----|--------------|-----|----|--------------|---|--| | Starting date | | | Leaving date | | | Final Salary | Technical <input type="checkbox"/> | | | Mo | Day | Yr | Mo | Day | Yr | | Non-managerial <input type="checkbox"/> | | | Supervisory/Managerial <input type="checkbox"/> | | | | | | | | | | | | | | | Supervisor's Telephone No. AC () | | | Give average Number of hours Worked per week if part-time _____ | |
| If supervisory, number of employees you supervised: _____ | | | | | |
 Summary of experience: Specific reason for leaving: | | | | | |



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LIST THREE CHARACTER REFERENCES:

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

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE: _____ PHONE: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE: _____ PHONE: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE: _____ PHONE: _____

NOTE: ENSURE ALL INFORMATION INCLUDING ADDRESS, AREA CODE AND PHONE NUMBER HAS BEEN COMPLETED FOR EACH REFERENCE LISTED.

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.
APPLICANT or EMPLOYEE NAME (Please print)

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

Tropical Texas Behavioral Health

Agency Name (Please print)

Cynthia Fuerte, PHR

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"/> <u>cmf</u> initial
Purpose of CCH: <u>Employment</u>	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> <u>cmf</u> initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

NSOPW Authorization Form

I, _____ voluntarily authorize Tropical Texas Behavioral Health to initiate a criminal background investigation as required by the National Sex Offender Public Website (NSOPW). I understand that the information will be provided and released to TTBH *as requested by Methodist Healthcare Ministries of South Texas, Inc.* in accordance with applicable statues.

In connection with this request, I authorize any organization, law enforcement/criminal justice agencies, city, state, county and federal courts associated with the NSOPW registry to release information they may have about me and release all such parties from all liability which may result from furnishing such information.

I certify that all the information provided by me in connection with this form is true, accurate and complete.

This authorization, in original, fax, electronic or copy form, shall be valid for this and any future reports or updates that may be requested.

As a condition of employment this information is being requested to conduct a background investigation on you.

**** You must submit a copy of your Driver’s License with this form. ****

Complete full name as it appears on your Driver’s License.

Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Social Security Number: _____

Home Address: _____

Signature:

Date: