

Brush Country Services, Inc
Tejas Management Systems, Inc.

An Equal Opportunity Employer/Drug Free Workplace

Note to Applicants

The attached application will be used to screen applicants for employment, as well as for contracted respite or foster care provider positions. Please complete all sections accurately.

To be considered for an employment or contract position, applicants must:

- Provide the following documentation: valid photo identification, proof of auto liability insurance, social security card and high school diploma or GED. For some positions, proof of residency, such as a utility bill or voter registration card, will also be required.
- Pass criminal record, background, abuse and neglect and Inspector General Medicaid Fraud registry checks
- Agree to pre-employment and random drug testing
- Complete all required training

Tejas Management Systems, Inc.
Brush Country Services, Inc.
APPLICATION

Equal Opportunity Employer/ Drug Free Workplace

Tejas Management Systems, Inc./ Brush Country Services, Inc. is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment policies on the basis of age, race, sex, color, religion, nation origin, physical or mental handicap, veteran status, or any other basis that is prohibited by federal, state, or local law. No question in this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Date: _____		Referred by: _____		
Name (first, middle, last)		Social Security Number		
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever used another name or social security # for identification? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Present Address:	City	State	Zip Code	Telephone #
				Cell #
				Email:
In case of emergency, Notify (name/relationship)				
Telephone: Home#			Cell #	

DRIVING INFORMATION

Do you have a valid drivers license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drivers License #		
Do you have current liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any restrictions on license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		

EDUCATION/QUALIFICATIONS

School Level	Name/Location	Years Attended	Did you graduate?	Subjects
GED or HS Diploma				
College				
Special Training: <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> PMAB <input type="checkbox"/> CNA <input type="checkbox"/> LVN <input type="checkbox"/> Other				

Will you abide by the safety rules of this company? Yes No
 If injured, will you accept medical facilities recommended by your employer? Yes No
 Have you ever been convicted of a criminal offense or a traffic (except parking) violation? Yes No
 Please list any offenses you may have that will appear on Criminal Background below:

Date	Nature of Conviction	Where	Disposition of Offense

Note: Information regarding conviction record will not necessarily bar any applicant from employment but will be reviewed in light of the surrounding circumstances, including age at time of offense, nature and seriousness of violation, rehabilitation, relationship of offense to employment, and federal, state, and local laws. A criminal record check will be conducted prior to an offer of employment.

List **ALL** employers for the past 3 years. Please understand that Brush Country Services, Inc./Tejas Management Systems, Inc. will contact current and past employers as necessary to verify experience.

Current or Last Employer: _____		
Supervisor _____	Phone: _____	Ext _____
Address _____		
Position Held _____	From _____	To _____
Duties: _____		
Rate: Ending\$ _____	Per _____	Starting\$ _____ per _____
Reason for Leaving: _____		

Second Last Employer: _____		
Supervisor _____	Phone: _____	Ext _____
Address _____		
Position Held _____	From _____	To _____
Duties: _____		
Rate: Ending\$ _____	Per _____	Starting\$ _____ per _____
Reason for Leaving: _____		

Third Last Employer: _____		
Supervisor _____	Phone: _____	Ext _____
Address _____		
Position Held _____	From _____	To _____
Duties: _____		
Rate: Ending\$ _____	Per _____	Starting\$ _____ per _____
Reason for Leaving: _____		

PREVIOUS ADDRESS

List all previous addresses for the past 3 years. Attach an additional sheet if necessary. If not, write "NONE" in the space below.

1. _____
2. _____
3. _____

APPLICANT AFFIDAVIT

I confirm that the forgoing information is correct to the best of my knowledge and give TMS/BCS permission to verify current and previous employers.

Print Name

Signature

Date

What position are you applying for: (not all positions may be available)

- Group Home Manager (Live in position)
- Relief Group Home Manager (Live in position-Weekends only)
- Overnight Shift (10pm-9am)
- Hab Trainer Split Shift (Am and Pm)
- Hab Trainer (mornings 6am-9am only)
- Hab Trainer (after 3pm only)

Are you looking for: Part-time Full-time

What days/hours are you available to work?

Day

Time

Some positions require overnight stay; if required, are you able to do so:

- Yes No

What date are you available, should you be offered a position? _____

How did you hear about us? _____

Applicant's Statement

**Regarding
APPLICATION FOR EMPLOYMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at the time.

I understand that neither this document nor an offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

UNDERSTANDING

In connection with my employment/application with this company, I fully understand this release acknowledges that this company may, after an offer of employment is made to me, or at any time while I am employed, conduct a public record/research report containing information for verification of prior employment, academic achievement, medical history, use of motor vehicle, general background and personal character. This release shall include but not be limited in its scope or purpose for reasons of business necessity.

I authorize and request all persons, schools, businesses, corporations, courts, law enforcement, health care providers, armed forces, employment commissions and government agencies to release said information without restriction or qualifications. I authorize a Photostat of this release to be considered as effective and valid as the original. All results will be proprietary and kept confidential, and will not be provided to any parties other than this company or its legal representatives. I am aware that I have the right to request the nature and scope of the results. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

I agree that I will submit to a physical, urinalysis, TB test, and/or blood or other examination requested by the company at any time prior to or subsequent to my employment. I understand that certain job situations may require a physical capacity test. I authorize any medical provider or drug screening company to subsequent to an offer of employment.

I understand that no firearms, alcohol, or drugs are permitted on company premises, and that either being under the influence of illicit drugs or alcohol or having identifiable traces of them in my system during working hours is strictly prohibited.

I have carefully read the information on this form, and realize that I had the opportunity to ask questions about it. I declare that the answers to this application are correct and that my misstatement of fact or omission will be cause for dismissal or rejection.

Print Name

Signature

Date

ARREST/CONVICTION/INDICTMENT STATMENT

I hereby affirm that I have not been arrested, convicted, and neither am I under indictment:

- alleging commission of any felony classified as an offense against the person or family or of public indecency, or of violation of the Texas Controlled Substance Act, or
- alleging commission of any misdemeanor classified as an offense against the person or family, or of public indecency, or
- an official criminal complaint accepted by a district or county attorney alleging commission of a misdemeanor or classified as an offense against the person or family, or of public indecency.

I further affirm that I currently have no pending criminal charges and that I have not been found to be a perpetrator of abuse, which involves sexual contact/assault or results in serious physical injury in any previous employment.

I finally affirm that should I receive an indictment or complaint (including arrest) as described above, I will immediately notify the administrator, initially; by telephone or in person and follow with a written notification. I acknowledge that failure to make sure a notification will be grounds for immediate dismissal.

I authorize Tejas Management Systems, Inc./ Brush Country Services, Inc. to request a criminal record check concerning me. I further Tejas Management Systems, Inc./ Brush Country Services, Inc.. to directly contact previous employers to confirm my affirmation regarding abuse. This will be done only because I have applied to Tejas Management Systems, Inc./ Brush Country Services, Inc. for employment. This information will be used to assess my application. I also understand that this information will be kept confidential.

Print Name

Signature

Date

CRIMINAL HISTORY CHECK/MISCONDUCT REGISTRY

Under rules adopted in July 2001, The Texas Department of Mental Health and Mental Retardation now requires HCS Program Providers to search the TDHS Employee Misconduct Registry and the TDHS Nurse Aide Registry to determine if an applicant, employee or contractor is listed in the either registry for having abused, neglected or exploited a resident or consumer of a facility, or misappropriated a consumer's property.

Effective immediately, the following actions will be put in place regarding applicants for employment, contractors and employees of the program whose duties would involve direct contact with a consumer.

- (1) In accordance with Texas Health and Safety Code Chapter 250, Nurse Aide Registry and Criminal History Check of Employees and Applicants for Employment in certain facilities service the Elderly or Persons with Disabilities, TMS/BCS will obtain criminal history record information that relates to the applicant, contractor, or employee and refrain from employing or contracting with persons who have been convicted of an offense listed under &250.00 of the Texas Health and Safety Code.

- (2) TMS/BCS will also search the Employee Misconduct Registry, Nurse Aid and Medication Aide Registries maintained by the Texas Department of Human Services to determine whether the applicant, contractor, or employee is designated in either registry as having abused, neglected or exploited a resident or consumer of a facility, or misappropriated a consumer's property and refrain form employing or contracting with persons who are designated in any of these registries.

Print Name

Signature

Date

Name: _____

Date: _____

**ACKNOWLEDGEMENT OF
CRIMINAL BACKGROUND CHECK/EMERGENCY APPOINTMENT**

I, _____, a prospective applicant, hereby certify and acknowledge, that I have not been convicted of any of the offenses listed below:

Texas Department of Aging and Disability Services (DADS) applies absolute criminal bars to employment that are set out in the Texas Health and Safety Code, Chapter 250, Section 250.006. In addition, there are offenses that have been determined to be absolute criminal bars to employment pursuant to DADS authority granted in Texas Administrative Code, Title 40, Part 1, Chapter 3, Subchapter B, Rule §3.201.

Bars pursuant to Health and Safety Code §250.006 Texas Penal Code

Chapter 19 — Criminal homicide: includes Murder, Capital Murder, Manslaughter, or Criminally negligent homicide

Chapter 20 — Kidnapping and unlawful restraint

§21.02 — Continuous sexual abuse of young child or children

§21.08 — Indecent Exposure

§21.11 — Indecency with a child

§21.12 — Improper relationship between educator and student

§21.15 — Improper photography or visual recording

§22.01 — Assault: Class A Misdemeanor or Felony conviction, which occurred within the previous five years.

§22.011 — Assault, Sexual

§22.02 — Assault, Aggravated

§22.021 — Assault, Aggravated Sexual

§22.04 — Injury to a child, elderly individual, or disabled individual

§22.041 — Abandoning or endangering a child

§22.05 — Deadly Conduct

§22.07 — Terroristic Threat

§22.08 — Aiding suicide

§25.031 — Agreement to abduct from custody

§25.08 — Sale or purchase of a child

§28.02 — Arson

§29.02 — Robbery

§29.03 — Robbery, Aggravated

§30.02 — Burglary: a conviction, which occurred within the previous five years.

Chapter 31 — Theft: a conviction that is punishable as a felony, which occurred within the previous five years.

§32.45 — Misapplication of fiduciary property or property of a financial institution: a Class A Misdemeanor or Felony conviction, which occurred in the previous five years.

§32.46 — Securing execution of a document by deception: a Class A Misdemeanor or Felony conviction which occurred in the previous five years.

§33.021 — Online solicitation of a minor

§34.02 — Money laundering

§35A.02 — Medicaid fraud

§36.06 — Obstruction or Retaliation

§37.12 — False identification as a peace officer: a conviction, which occurred in the previous five years.

§42.01(a)(7),(8), or(9) — Disorderly conduct associated with the discharge or display of a firearm in a public place: a conviction which occurred in the previous five years.

§42.09 — Cruelty to animals

§42.092 — Cruelty to non-livestock animals

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.

Additional to bars to employment

Bars pursuant to Texas Administrative Code, Title 40, Part 1, Chapter 3, §3.201 Texas Health and Safety Code

Chapter 481 — Texas Controlled Substances Act: a conviction that is punishable as a felony (involving manufacture, delivery, intent to distribute, conspiracy to possess or produce with intent to distribute, distribution to a minor,

illegal expenditure or investment, or transfer or receipt of chemical laboratory apparatus).

Texas Penal Code

- §15.01 -- Criminal Attempt of any offense listed as a bar
- §43.03 -- Promotion of Prostitution
- §43.04 -- Aggravated Promotion of Prostitution
- §43.05 - Compelling Prostitution
- §43.25 -- Sexual Performance by a Child
- §43.26 -- Possession or Promotion of Child Pornography

In accordance with the Texas Administrative Code (TAC), Title 40, Part 1, Chapter 9, Subchapter D, §9.177(n)(1)(2), regarding HCS services, and in accordance with 40 TAC §9.579(q)(1)(2), regarding TxHmL services, providers must check the Nurse Aide Registry and Employee Misconduct Registry and complete a criminal history check for all applicants for employment, contractors and employees of the program provider whose duties involve or would involve direct contact with an individual who receives services from the provider.

I hereby certify and acknowledge that I have been informed that changes to State Law: Health & Safety Code have added new types of convictions which will bar employment and contracting with agencies which provide HCS and Texas Home Living Services. A past or new conviction of the offenses listed on the above will result in employment/contract provider termination. I also understand and acknowledge that:

- A criminal history check will be conducted by the Texas Department of Public Safety
- If the Texas Department of Public Safety report indicates a Conviction for any of the above offenses, this will result In immediate termination and
- No administrative review is available, unless there is an error of fact or identity in the criminal history record

I further affirm that should I receive an indictment or complaint (including arrest) as described above, I will immediately notify the administrator, initially by telephone or in person, and follow with a written notification. I acknowledge that failure to notify the administrator will be grounds for immediate dismissal.

I have not been determined to be a perpetrator of abuse and/or neglect nor do I have a "reason to believe" determination of abuse and/or neglect in the state of Texas, in any other state or from my previous employer.

I further affirm that should I receive a determination of "reason to believe" determination of abuse and/or neglect, I will immediately notify the administrator, initially by phone or in person, and follow with a written notification.

To be signed by all employees and contracted providers.

Signature

Date

Tejas Management Systems, Inc./ Brush Country Services, Inc.

P.O. Box 270505
 Corpus Christi, Texas 78427
 (361) 994-7770 x 20
 Fax: (361) 994-7775

EMPLOYEE VERIFICATION/REFERENCE REQUEST

The job applicant named below has given you or your organization as a source of employment or other information. Please complete the form as fully as possible and return it in the enclosed envelope. Thank you for your assistance.

Applicant's Name: _____
 Social Security # _____
 Person Giving Reference: _____
 Company Name & Location: _____

Date: _____

Phone: _____

I give TMS/BCS permission to contact the above Person/Company for past employment verification.

Applicant Signature: _____

Rating Scale	1= Well Below Average Performance
	5= Well Above Average Performance

1. Briefly describe the employees duties	
2. Dates of employment	From _____ To _____
3. Was the employee	<input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
4. Did the employee work well with other staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____
5. Did the employee conform to your established procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____
6. How would you rate the employee's productivity?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
7. How would you rate the employee's technical competence compared to others in the same position?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
8. How would you rate the employee's attendance record?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
9. Would you rehire this individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____
10. Why did the employee leave your organization?	
General Comments:	

OFFICE USE ONLY	
TMS/BCS person verifying reference information: _____	Date Sent: _____
	Date Rec'd: _____
	Date Verified by Phone _____

CONFIDENTIAL
PERSONAL NON-RELATIVE REFERENCE VERIFICATION

The purpose of this form is to obtain a personal reference on the following individual:

APPLICANT NAME: _____
DATE OF INQUIRY: _____
NAME OF INDIVIDUAL PROVIDING REFERENCE: _____
PHONE NUMBER: _____

How long have you known this individual and in what capacity?

If you were responsible for a person with disabilities would you entrust this person to provide a safe and healthy environment as a caregiver?

Do you have knowledge of any reason whatsoever that this person would not be capable of caring for an individual with disabilities?

**Please return this form to Tejas Management Systems, Inc. P.O. Box 270505, Corpus Christi, Texas
78427 or use the enclosed envelope.**

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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 named 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 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

**Tejas Management Systems, Inc./
Brush Country Services, Inc.**

Agency Name (Please print)

Brenda L. Root

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES NO _____ Initial

Purpose of CCH: _____

Hire Not Hired _____ Initial

Date Printed: _____ Initial

Destroyed Date: _____ Initial

Retain in your files