Lifetime RECOVERY

Chemical Dependency Treatment Center

EMPLOYMENT APPLICATION

Please complete the application and return to Human Resources.
Copies of your Driver License or State ID and Social Security Card are also needed.
The hiring supervisor will be in contact if further processing will be pursued.
You will be advised when this is necessary.

Thank you for applying for employment at Lifetime Recovery!

The mission of Lifetime Recovery is changing lives through comprehensive treatment of substance abuse.

96 Crossroads Blvd, San Antonio TX, 78201
Phone: (210) 734-6362 Fax: (210) 731--2916
Website: www.ltrtx.org

Lifetime
RECOVERY
Chemical Dependency Treatment Center

How did you hear about the position for which you are applying?

As part of the application process Lifetime Recovery will conduct background checks on applicants.

Equal Opportunity Employer. It is the policy of Lifetime Recovery to adhere to all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender, medical condition, generic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

Please Type or Print in Ink			Today's Date
First Name	MI	Last Name	
Current Mailing Address			Last 4 of Social Security Number
City	County	State	Zip Code
Home Phone	Cell Phone	E-mail Address	
Position for which you are applying	Date available for work	Minimum salary requirement	
Full-time ___ Part-time ___ Temporary ___	If part-time, specify what hours and days available		
Are you subject to any type of agreement with a current of former employer that would restrict your ability to work at the position to which you have applied (e.g., non-compete, confidentiality, non-disclosure)? Yes ____ No ____			

Education and Training

	School Name	**City and State**	**Degree/Diploma Major Course of Study**	**Degree Received**
High School/GED				Yes ( ) No ( )
Trade School				Yes ( ) No ( )
College				Yes ( ) No ( )
Graduate School				Yes ( ) No ( )

List the area of study or degree/diploma received from an unaccredited college, as well as any other education, training, special skills or certificates/licenses that you have related to the position you are applying towards.

Professional License Or Certification	Issuing Agency	Sate Issued	Expiration Date

List any machines, equipment or software programs you are qualified and experienced in using.

List any languages you speak fluently	List any languages the you read/write fluently

If you are applying for a position involving driving a motor vehicle as part of your duties, please Indicate whether you have a valid driver's license. Yes ( ) No ( )

General Information **Applicant Name**_____

Can you verify your legal right to work I the US? Yes ( ) No ( )	Are you 16 years old or over? Yes ( ) No ( )
Were you previously employed by Lifetime Recovery Yes ( ) No ( ) If yes, please give dates: From: (month/year) To: (month/year)	
Can you perform the essential functions of the position you are applying for? Yes ( ) No ( )	
List any relatives you have working at Lifetime Recovery.	

Work History (List all positions for the last ten years beginning with your most recent position). Please account for gaps in the work history. Use back of application if necessary.

Name of Employer			Type of Business
Address	City		State ZIP
Title			Telephone Number ( )
Name and Title of Supervisor			Type of Employment ( ) Part-Time ( ) Full-Time
May We Contact ( ) Yes ( ) No	Employed From (month/year)	Employed To (month/year)	Last Salary $
Brief Description of Duties			Reason For Leaving
Name of Employer			Type of Business
Address	City		State Zip
Title			Telephone Number ( )
Name and Title of Supervisor			Type of Employment ( ) Part-Time ( ) Full-Time
May We Contact ( ) Yes ( ) No	Employed From (month/year)	Employed To (month/year)	Last Salary S
Brief Description of Duties			Reason for Leaving
Name of Employer			Type of Business
Address	City		State Zip
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Name and Tile of Supervisor			Type of Employment ( ) Part-Time ( ) Full-Time
May We Contact	Employed From (month/date)	Employed To (month/date)	Last Salary $
Brief Description of Duties			Reason for Leaving

Name of Employer		Type of Business	
Address	City	State	Zip
Title		Telephone Number ( )	
Name and Title of Supervisor		Type of Employment ( ) Part-Time ( ) Full-Time	
May We Contact Employed From (month/year) Employed To (month/year)		Last Salary $	
Brief Description of Duties		Reason for Leaving	
Name of Employer		Type of Business	
Address	City	State	Zip
Title		Telephone Number ( )	
Name and Title of Supervisor		Type of Employment ( ) Part-Time ( ) Full-Time	
May We Contact Employed From (month/year) Employed To (month/year)		Last Salary $	
Brief Description of Duties		Reason for Leaving	

Criminal Record Information (Instruction for answering the next two questions)

1. Convictions/Deferred Adjudication/Pleas. Have you ever been convicted of, pled guilty or no contest to any criminal offense? A conviction may not disqualify you but a false statement will. ( ) Yes ( ) No

2. Have you ever had a complaint filed against you with the Department of Family and Protective Services in Texas or any other State? ( ) Yes ( ) No If yes please answer the following:

State/Country: Date:

Explain:

Final Result of Complaint

Business References (List two people, in addition to listed employment references, known to you for at least 3 years)

Name	Occupation/Association	Telephone
		( )
		( )

Please include any other information you think that would help you better qualify for his position such as work experience, articles/books, activities, honors achieved, and any other. Please do not include information that includes age, sex, sexual orientation, race, religion, color, national origin, or disability.

Agreement (Please read the following information very carefully).

I hereby affirm that the information provided on this application (and included resume, if any) is true and complete to the best of my knowledge, I also agree that falsification, or leaving out required information, requested in this application or in the application process may disqualify me from further consideration for employment and may be cause for dismissal if discovered at a later date.

I authorize all people listed above, and on the resume, to give Lifetime Recovery any and all information concerning my previous employment and education and any pertinent information they have, personal or otherwise, and release all parties, and Lifetime Recovery from liability for an damage that may result from furnishing information to Lifetime Recovery.

If employed, I agree to abide by, and sign for, the policies and procedures, which include anti-harassment. I further understand that my employment can be terminated, with or without cause or notice, at the direction of Lifetime Recovery or myself. I further understand that no manager or representative of Lifetime Recovery has any authority to enter into agreement, oral or written on behalf of Lifetime Recovery, for a term of employment or to make assurance or promise of continued employment.

I understand and agree that, subject to applicable law, I might be required to take an alcohol or drug screening test. I hereby give my voluntary consent for a urine or blood sample to be collected from me and submitted for testing. I also consent to the release of the results to Lifetime Recovery. I understand that a positive drug or alcohol result may preclude my employment.

The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday. I accept these conditions of employment.

Applicant's Signature	Date Signed (mm/dd/yy)
Print Full Name	Last 4 Digits of Social Security Number

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our privacy policy online at: www.dfps.state.tx.us/policies/privacy.asp.

SIGNATURE

I declare that the information provided on this form is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.

I also agree to inform the contractor within 10 days if I am named in complaints, indictments, or convictions of offenses as described in items 1 and 2 above, or if I am investigated as described in item 3 of this form. The contractor must then notify the contract manager of this information.

I grant permission to this contractor to request a DFPS Abuse/Neglect check, a Texas Department of Public Safety criminal history check, and (if applicable) a Federal Bureau of Investigation criminal history check using my identifying information.

I consent to DFPS's disclosure of any and all information, including confidential information, obtained from the above-referenced sources to the contractor listed below in order to facilitate my employment, subcontracting, or volunteer service with such contractor.

Printed Name of Person Completing Form:	
Signature of Person Completing Form:	Date Signed:
Contractor's Name:	Agency Account ID #:

INDIVIDUAL'S IDENTIFYING INFORMATION

First Name:	Middle Name:	Last Name:	
List any other name combinations the individual uses or has used in the past, including **married** and **maiden** names below. If you do not provide every name that the individual has used, you may receive inaccurate results::			
Other First Names:	Other Middle Names:	Other Last Names:	
Street Address:	City:	State:	Zip Code:
County:	Telephone Number: ( ) - ☐ Residence ☐ Business ☐ Cell	Date of Birth:	Gender: ☐ Male ☐ Female

Do you have a Social Security Number:

Yes ☐ No ☐

If the person has been issued a social security number, (SSN), it must be provided to ensure the background check result is valid: Please list the SSN below:	If this person does not have a Social Security Number, you must enter one of the following valid alternate number types: Alternative ID Type: ☐ Driver License: Number: State: ☐ State ID: Number: State ☐ Permanent Residency Card Number: ☐ Passport Number: Country ☐ Canadian SIN Number: ☐ Military ID Number:

Has this person lived outside of Texas in the last 5 Years: ☐ Yes ☐ No	Birth City: Birth State:

INDIVIDUAL'S IDENTIFYING INFORMATION

Enter the previous physical address(es) for the past 5 years for the background check subject in the space provided:

Ethnicity (must accompany race):
- ☐ Hispanic
- ☐ Non-Hispanic

Race:
- ☐ White
- ☐ Black
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/ Pacific Islander

Will this person ever drive DFPS clients?
☐ Yes ☐ No

If yes, their driver license number and state of issuance must be submitted.

Photo ID Type:

☐ Driver License:
Number: State:
☐ State ID:
Number: State

☐ Initial Check	☐ 24 Month Check	☐ Fingerprint Check Required	☐ Person has previously completed an FBI fingerprint-based check through DFPS or TEA

In addition to obtaining a DPS name-based criminal history check, fingerprint-based criminal history checks are required for any PCS contractor and individuals on their staff who, at the time of his or her initial background check request:

- currently lives or has lived outside of Texas within the past five years; or
- currently lives or has lived outside of Texas in the 24 months since his or her last fingerprint-based criminal history check was completed.

If the individual requires a fingerprint-based criminal history check, you must select one of the following choices and provide either an email address or phone number for the person. This information will be required when the person schedules a fingerprint appointment.

Preferred method of contact for scheduling fingerprint appointment:
☐ Email:
☐ Telephone Number: ( ) -

Relationship of person to contractor:		Date Hired:	Role/Job Duty:
☐ Contractor ☐ Staff ☐ Volunteer	☐ Applicant for employment ☐ Applicant to Volunteer ☐ Other (describe):		

Texas Department of
Family and Protective Services

Form F-500-2970c
Revised January 2018

CRIMINAL OR ABUSE/NEGLECT HISTORY FOR APPLICANTS, EMPLOYEES, OR VOLUNTEERS OF DFPS CONTRACTORS AND SUBCONTRACTORS

Purpose: Use this form to disclose the criminal and abuse or neglect history for each contractor's employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract or who will have access to personal DFPS client information.

Directions: To complete this form, fill in the fields with the required information. Attach additional pages if necessary. If the contractor submits the background check request directly through ABCS, the contractor must maintain the original document in the personnel record along with the results. If the contractor submits this form to the DFPS contract manager for submission through ABCS, the contractor must maintain a copy of this form in the personnel record along with the results.

REQUIRED INFORMATION

1. Have you ever been convicted of a felony or misdemeanor as an adult or juvenile? This includes offenses to which you have pleaded guilty or no contest resulting in a deferred adjudication that has not yet been completed.

☐ Yes
☐ No

If yes, give details including the date, location, and nature of the offense as well as the disposition for each incident.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor?

☐ Yes
☐ No

If yes, give details including the date, location, and nature of the offense for each incident.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, a person who is elderly, or a person with disabilities?

☐ Yes
☐ No

If yes, give details including the date, location, and nature of the situation as well as the disposition (if applicable) for each allegation.