

**THE BROOKWOOD COMMUNITY
APPLICATION FOR EMPLOYMENT**

In compliance with the Civil Rights Act of 1964, it is the policy of the Community to provide equal employment opportunities without regard to race, creed, religion, national origin, age or sex. Employment decisions are based solely upon individual qualifications for the positions to be filled.

PLEASE READ AND INITIAL BEFORE COMPLETING THE APPLICATION FORM:

NOTE:

- 1. Brookwood wants to be an integral part of a drug-free society. You will be asked for consent for drug-screening and a commitment to a drug-free work place. _____
(Please initial)**
- 2. If hired, background investigations will be conducted, including fingerprinting for criminal history. _____
(Please initial)**
- 3. Attendance is critical to the consistent support of our Brookwood residents. Excessive absenteeism may be considered cause for termination. _____
(Please initial)**

IF YOU CANNOT MAKE A COMMITMENT TO THESE POLICIES AS STATED ABOVE, WE URGE YOU TO RECONSIDER MAKING AN APPLICATION WITH THE BROOKWOOD COMMUNITY. IF YOU ARE WILLING TO COMMIT TO THESE POLICIES, PLEASE ACKNOWLEDGE WITH YOUR SIGNATURE ON THE SPACE PROVIDED.

Applicant's Signature

IF APPLICATION IS INITIALED AND SIGNED ABOVE, PLEASE CONTINUE:

Name: _____ Date: _____

Address: _____

Home Telephone: _____ Social Sec. #: _____

Work Telephone: _____

How did you find out about Brookwood? - please furnish specific information: _____

Position Desired: _____ Salary Expected: _____

BACKGROUND INQUIRY AGREEMENT

Due to the nature of the disabilities of the students of The Brookwood Community, it is our policy to provide a safe and secure environment by ensuring the integrity and honesty of our employees. For this reason we ask that you complete the questions below:

Have you been convicted under the Texas Controlled Substances Act?

_____ Yes _____ No

CONVICTION RECORD:

Have you ever been convicted of a criminal offense other than a minor traffic violation?

_____ If yes, explain in detail: _____

REFERENCES

PERSONAL REFERENCES (Minimum of three references)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL REFERENCES (Minimum of three references)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS GIVEN FOR EACH REFERENCE.

I agree to the investigation of any and all statements included in this application and declare they are true and complete. I understand that any misrepresentation, falsification or willful omission of information contained in the application shall be sufficient reason for refusal of or dismissal from employment. *You will receive no further reply unless favorable consideration is given your application. Applications are kept on file for a period of one year.*

Signature of Applicant

Date

**ADDENDUM TO APPLICATION
CONFIDENTIAL**

A. Pre-Employment Drug Screen Consent Form

The Brookwood Community wants to be an integral part of a drug free society by maintaining a drug free workplace. Therefore, we ask that you read and sign the following:

I understand the Brookwood Community is a drug free workplace and I hereby voluntarily consent for a urine or hair sample to be collected from me and submitted for a drug screening test. Further, I consent to the release of the test results to Human Resources Department for their confidential review and use in determining my suitability for employment with Brookwood. I understand that any positive test results may preclude my employment.

Signature

Date

B. Personal History Information

I understand the following information I am providing will be used to solely obtain criminal history and department of motor vehicle information in order to determine my eligibility for employment. This information will not be used to violate the spirit of law as it refers to Title VII of the Civil Rights Act of 1964, especially as it relates to age, sex, and ethnicity, in the hiring decision.

Drivers License Number _____

State of Issue _____

Date of Expiration _____

Date of Birth _____