THE BROOKWOOD COMMUNITY™

Employment Application

Date

1752 FM 1489, Brookshire, TX 77423 / Main: (281) 375-2100 / Careers: (281) 375-2282

PLEASE TYPE OR PRINT LEGIBLY. Complete and save the entire application. If you are filling this out on a computer, please be sure to save your progress as you go so that your responses are not lost. You may attach a resume, but you must still complete all questions, or your application will be deemed incomplete and may not be considered. Please do not answer any questions with "see resume."

APPLICANT INFORMATION

First Name _____ Last Name _____ M.I. _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ Zip Code _____

Previous Address _____ State _____ Zip Code _____

Phone _____ Email Address _____

Desired Position _____ ☐ FT ☐ PT Salary Expectation $ _____

Referred by _____ Are you 18 years of age or older? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No If no, are you authorized to work in the United States? ☐ Yes ☐ No

Have you ever worked for this company? ☐ Yes ☐ No If yes, when? _____

Which days are you NOT available to work? _____

Do you have any physical limitations we should be aware of? ☐ Yes ☐ No If yes, please explain: _____

_____

List any other names you have used in the past, e.g., maiden name or alias. _____

EDUCATION

High School _____ Address _____

Did you graduate? ☐ Yes ☐ No Degree _____

College _____ Address _____

Did you graduate? ☐ Yes ☐ No Degree _____

Other _____ Address _____

Did you graduate? ☐ Yes ☐ No Degree _____

Do you hold a Texas Teacher's Certificate or other professional credentials that qualify you for this position? If so, please list:

Please list any training or experience you have had that may be pertinent to this position, such as courses, seminars, apprenticeships, workshops, or special skills:

PREVIOUS EMPLOYMENT

1 Company _____ Phone _____

Address _____

Job Title _____ Starting Salary $ _____ Ending Salary $ _____

Responsibilities

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No Supervisor Name _____

2 Company _____ Phone _____

Address _____

Job Title _____ Starting Salary $ _____ Ending Salary $ _____

Responsibilities

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No Supervisor Name _____

3 Company _____ Phone _____

Address _____

Job Title _____ Starting Salary $ _____ Ending Salary $ _____

Responsibilities

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No Supervisor Name _____

ADDITIONAL QUESTIONS

Please expand on any experience you have had working with adults or children with intellectual and developmental disabilities (IDD), including the type of setting (e.g., classroom, clinic, day program, or case management role, and/or residential, therapy, or vocational setting).

Why are you interested in serving at The Brookwood Community?

PROFESSIONAL REFERENCES

Please provide contact information for at least two previous supervisors/managers and up to one previous coworker/colleague. Contact Careers if you have any questions.

1 **Name** _____ **Relationship** _____

Company _____ **Phone** _____

Address _____

2 **Name** _____ **Relationship** _____

Company _____ **Phone** _____

Address _____

3 **Name** _____ **Relationship** _____

Company _____ **Phone** _____

Address _____

4 **Name** _____ **Relationship** _____

Company _____ **Phone** _____

Address _____

BACKGROUND INQUIRY

Due to the nature of the disabilities of the Citizens 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** **If yes, when?** _____

If yes, please explain. _____

Have you ever been convicted of a criminal offense other than a minor traffic violation? ☐ **Yes** ☐ **No** **If yes, when?** _____

If yes, please explain. _____

DISCLAIMER AND SIGNATURE

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS STATEMENT:

I certify that the information in this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Brookwood Community to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Brookwood Community serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

Signature _____ **Date** _____

ANTI-DISCRIMINATION POLICY

Brookwood maintains the right to make employment decisions, including hiring, promotion, discipline, termination, and other decisions, consistent with its interpretation of its distinctly God-centered mission, vision, and beliefs. Brookwood endeavors to hire, retain, encourage, and promote the most qualified individuals and avoid discrimination on the basis of race, traits historically associated with race, color, sex, age, national origin, disability, genetic information, pregnancy, childbirth, or related medical conditions, or any other basis protected by applicable federal, state, or local law (all as defined by applicable law) from which Brookwood and/or certain positions at Brookwood are not exempt under applicable law and Brookwood's rights as a religious ministry. We welcome a diverse staff composed of those who commit to carrying out their employment duties consistent with Brookwood's nature as a God-centered ministry.

THE BROOKWOOD COMMUNITY™

EMPLOYMENT APPLICATION *ADDENDUM A*

CONFIDENTIAL

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 the following, and sign.

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 the 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** _____

THE BROOKWOOD COMMUNITY™

EMPLOYMENT APPLICATION *ADDENDUM B*

CONFIDENTIAL

BACKGROUND SCREENING, CONSUMER REPORT & INVESTIGATIVE CONSUMER REPORT REQUEST, AUTHORIZATION, CONSENT AND RELEASE

I understand that in conjunction with my application for employment, Brookwood Community will use the services of an outside agency to procure consumer and/or investigative consumer reports in order to research and verify the information that I have provided with my application for employment. I understand that specifically, the following information will be used to obtain information concerning my criminal history as well as information from the department of motor vehicles 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.

I request, authorize and consent to the procurement of consumer reports by Brookwood Community as part of the employment application investigation. I understand that these reports may include the following types of information: motor vehicle accidents, drugs/alcohol use, criminal history, or any other information about me which may reflect upon my potential for employment gathered from any individual organization, entity, agency or other source which may have knowledge concerning such information.

I also request, authorize and consent to the procurement of an investigative consumer report by Brookwood Community as part of the employment application investigation. I understand that the investigative consumer report may contain information about my background, character, personal characteristics, and general reputation and may contain information from public record sources or personal interviews with neighbors, friends or associates.

I know that, upon written request, I will be entitled to a complete disclosure concerning the nature and scope of this investigation, copies of the consumer reports, and the name, address, and telephone number of the consumer reporting agencies that issued reports to Brookwood Community. In accordance with the FCRA, 15 U.S.C. §§ 1681-1681u, Brookwood Community will notify me prior to and after taking adverse action against me such as denying employment, because of information obtained from a consumer report and/or investigative consumer report.

I hereby fully release and discharge Brookwood Community, its directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency or other source providing information to Brookwood Community for all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

By signing below, I certify that I have read and fully understand this authorization and release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this authorization and release voluntarily and with the knowledge that the information being authorized and released could affect my being hired, my employment, or my eligibility for promotion.

Print Name _____

Signature _____ **Date** _____