



## Applicant Information, Instructions

Please **read** the following information 'before' completing the application for employment.

**HR office hours:** 8-5am, Monday thru Friday

**If you are called for an interview, be prepared to submit the following information:**

- \* Letters of reference (per our format)
- \* Proof of education, i.e., HS Diploma or GED or college transcripts

Note: failure to do so, may result in delay of completing the interview process.

**What direct care applicants need to know:**

- \* pass initial and annual background checks
- \* pass initial and ongoing drug testing
- \* have a minimum HS School/GED education
- \* be at least 21 yrs of age
- \* able to attend 40 hours of on-the-job training prior to working assigned shift
- \* pass required training
- \* attend required classroom training prior to working hired shift
- \* able to follow thru with initial and annual TB testing
- \* have a clear driving record to work day, afternoon and/or weekend shifts

**Refer to the vacancy listing in the HR Lobby and the job description for the position you are interested in.** Information includes salary and shift information

On the application for employment, there is a section 'position applying for' . Be specific and **identify the exact title of the position**, for example, 'residential care professional', 'HR Generalist'.

When a **conditional offer of employment is offered**, you will be required to **undergo and pass a drug test**, criminal background check(s), and take a TB test. You will be required to pay for the cost of the **TB test (\$30)** thru payroll deduction.

**Attention: Direct Care applicant for the Children's Program (and support programs)**

Child-care licensing background checks include a '**fingerprint-based criminal history check**'. Hires cannot work in applicable programs until FBI check is final and cleared.

HR will contact you if you are selected to participate in the interview process. Results of the interview process will be communicated by phone, email or letter. **All applicants are notified.**

Background convictions of a felony or misdemeanor will be considered if 'job related for the position in question and consistent with business necessity'.



Mission Road Ministries  
8706 Mission Rd, San Antonio, Tx 78214  
Main Line: 210.924.9265 Fax: 210-334-2465  
[www.missionroadministries.org](http://www.missionroadministries.org)

## Application for Employment

**Notice to applicants (please read carefully):** Mission Road Ministries (MRM) is a private non-for-profit agency serving person with developmental disabilities under licenses from State Regulatory authorities. Under these regulations MRM is required to conduct criminal conviction checks before an offer of employment. Therefore, any offer of employment resulting from this application is considered temporary, pending the results of a criminal conviction check.

**Also, please note:**

- \* You must answer every question completely. Questions not applicable may be answered N/A or none.
- \* Applications are not valid without the signature (typing your name will serve as a signature) of the applicant.
- \* Employment at MRM and any of its departments and locations shall be considered employment-at-will in which either employer or employee may terminate the employment relationship for any reason or no reason at all.

**Position apply for:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Include first, middle and last name)

**Present address:** \_\_\_\_\_  
(Include street, city, state, zip code and apartment number)

**Email address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_  
(Include area code) (Include area code)

**Social security number:** \_\_\_\_\_

**Are you 21 or older?** \_\_\_\_\_ yes \_\_\_\_\_ no

**Have you ever been employed by MRM before?** \_\_\_\_\_ yes \_\_\_\_\_ no

**If yes, under what last name?** \_\_\_\_\_ **If yes, dates of employment?** \_\_\_\_\_

**How were you referred to MRM?** \_\_\_\_\_

**Why do you want to work for MRM?** \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever entered a plea of guilty or "no contest" or are currently on probation or have ever received deferred adjudication for any felony or misdemeanor? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you currently have any criminal charges pending against you? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please explain (Note: a 'yes' will not necessarily result in disqualification for employment)

<u>Educational Background</u>	State Specifics i.e., Diploma Certification, BBA, MA	Did you Graduate?	State Course of Study i.e., Human Resources Accounting, Psychology
Check applicable education below: <input type="checkbox"/> High School <input type="checkbox"/> GED Name, City, State _____	_____	_____ yes _____ no	_____
<input type="checkbox"/> College Name, City, State _____	_____	_____ yes _____ no	_____
<input type="checkbox"/> College Name, City, State _____	_____	_____ yes _____ no	_____
<input type="checkbox"/> Certification Name, City, State _____	_____	_____ yes _____ no	_____
<input type="checkbox"/> Certification Name, City, State _____	_____	_____ yes _____ no	_____

Summarize additional training:

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Summarize additional knowledge, skills, abilities:

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**Employment History**

List the last 8-10 years of employment history starting with the most recent (complete even if you submit a resume).

Employer: _____	Phone number: _____
Address: _____	Job title: _____
Immediate supervisor/title: _____	
Reason for leaving: _____	
Dates of employment (hire/termination dates): _____	
May we contact for reference? _____ yes _____ no	

Summarize the nature of the work performed and job responsibilities:

--

Employer: _____	Phone number: _____
Address: _____	Job title: _____
Immediate supervisor/title: _____	
Reason for leaving: _____	
Dates of employment (hire/termination dates): _____	
May we contact for reference? _____ yes _____ no	

Summarize the nature of the work performed and job responsibilities:

--

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ Job title: \_\_\_\_\_  
Immediate supervisor/title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates of employment (hire/termination dates): \_\_\_\_\_  
May we contact for reference? \_\_\_\_\_ yes \_\_\_\_\_ no

Summarize the nature of the work performed and job responsibilities:

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ Job title: \_\_\_\_\_  
Immediate supervisor/title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates of employment (hire/termination dates): \_\_\_\_\_  
May we contact for reference? \_\_\_\_\_ yes \_\_\_\_\_ no

Summarize the nature of the work performed and job responsibilities:

\_\_\_\_\_

Will you receive a satisfactory reference from your current and all previous employers?

\_\_\_\_\_ yes \_\_\_\_\_ no If no, why? \_\_\_\_\_

Have you ever been discharged or asked to resign by an employer? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, explain... \_\_\_\_\_

Explain your gaps of employment:

\_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, what State? \_\_\_\_\_

Do you have a clear driving record? \_\_\_\_\_ yes \_\_\_\_\_ no

**Note:** MRM will conduct a Motor Vehicle Registration check for all applicants and/or employees who will be a driver for MRM.

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Please list your addresses in the past 7 years (include apartment number, city, state, zip code)

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_

What has prepared you for the position for which you currently applying?

**Volunteer Experience**

Organization	Duties/Time Frame	Contact Person & Phone Number

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult?

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, explain...

**References**

Personal (Name)	Address (city, state, zip code)	Phone Number	How long have you know this person?
Professional (Name)	Address (city, state, zip code)	Phone Number	How long have you know this person?
Family Member (Name)	Address (city, state, zip code)	Phone Number	How long have you know this person?

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I hereby authorize Mission Road Ministries to check and verify all statements obtained in this application. I further understand that any misrepresentation or omission of facts presented in this application for employment may result in my not being hired, or, if hired, may result in my dismissal.

I understand and agree that if I am employed; my employment will be for an indefinite period of time. I have received no promises or guarantees as to how long MRM will employ me. I understand and agree that if employed, I can quit at any time for any reason or no reason at all and that my employment may be terminated by MRM at any time for any reason or no reason at all. I further understand and agree that this employment-at-will relationship cannot be altered or changed except by express written document signed by myself and the President/CEO and/or Board of Directors of MRM.

The application is current for only 60 days. If at the end of this time I still wish to be considered for employment, it will be necessary for me to complete a new application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mission Road Ministries is an equal opportunity employer. MRM is committed to the goals of equal employment and will not unlawfully discriminate on the basis of race, color, creed, religion, pregnancy, sex, age, national origin, disability, veteran status, or marital status.

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***Do not write below line - HR Use Only***

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# Job Description Acknowledgement

After reviewing the job description provided, please state whether you are able to perform all the essential duties outlined in the job description.

\_\_\_\_\_ Yes, I read the job description; I am able to perform all of the essential duties of this position, to include, if applicable, lifting, standing, walking, climbing, stooping, kneeling, crawling, etc.

\_\_\_\_\_ No, I read the job description. I am not able to perform all the essential duties of this position.

If you are not able to perform all of the essential duties outlined in the job description, please list those elements and whether you could perform them with reasonable accommodation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Essential Job Duties--Physical Demand Acknowledgement

If you are **applying for a direct care position**, this applies to you.

Examples: residential care professional, support specialist, service specialist, day hab professional.

If you are hired for a direct care position, you may be involved in the following:

- \* restraining disruptive clients to prevent injury to themselves and others by using MRM prescribed methods.
- \* transporting and/or assisting with transporting clients to and from activities, etc.
- \* training,

\_\_\_\_\_ Yes, I read the job description; I am able to perform all of the essential duties of this position, to include, if applicable, lifting, standing, walking, climbing, stooping, kneeling, crawling, etc.

\_\_\_\_\_ No, I read the job description. I am not able to perform all the essential duties of this position.

If you are not able to perform all of the essential duties outlined in the job description, please list those elements and whether you could perform them with reasonable accommodation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Values Assessment

Do you know the work values you most want in a job and an employer?

People expect to achieve certain ideals from their jobs, employers and careers. Workplace values, concepts and ideas that you hold dear have a direct impact on your satisfaction with your job, with your career and even with your life.

When you understand the values you cherish most highly, you can make an evaluation about whether Mission Road Ministries supports those values.

Please review Mission Road Ministries' values:

- \* Faith
  - \* Family
  - \* Respect
  - \* Integrity
  - \* Teamwork
- } **Mission Road's Core Values**
- \* Keeping employees and clients safe
  - \* Recognition, being valued
  - \* Change--working towards a common goal
  - \* Physical challenge/physically demanding
  - \* Opportunity for balance between work life and family life
  - \* Order and structure
  - \* Having a positive impact on others and society
  - \* Variety and a changing workplace
  - \* Professional development, on-going learning and growth
  - \* Friendships and warm working relationships
  - \* Deadlines, pressure challenges
  - \* Commitment to our clients

How well do your core values fit with your current job? Career Path?

After reviewing our values, do you want to continue with Mission Road's employment process?

\_\_\_\_\_ yes \_\_\_\_\_ no

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Applicant Statistical Information

The following statistical information is for *statistical purposes only* and will remain separate from your application for employment:

**Date of birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Referral Source:**

\_\_\_\_\_ Walk-In \_\_\_\_\_ Craig's List \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ Current Employee \_\_\_\_\_ Facebook \_\_\_\_\_  
\_\_\_\_\_ MRM website \_\_\_\_\_ Texas Workforce Commission

**Race/Ethnic Identification:**

\_\_\_\_\_ Hispanic/Latino  
\_\_\_\_\_ White (not Hispanic or Latino)  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ Asian (not Hispanic or Latino)  
\_\_\_\_\_ American Indian or Alaska Native (not Hispanic or Latino)  
\_\_\_\_\_ Two or more races (not Hispanic or Latino)

**Applied for:**

\_\_\_\_\_ Direct Care i.e., Residential Care Professional, Support Specialist, Service Specialist  
\_\_\_\_\_ Case Manager, i.e., QMRP, Program Manager  
\_\_\_\_\_ Group Home Supervisor, i.e., House Manager  
\_\_\_\_\_ Support Services, i.e., Kitchen, Laundry, Maintenance  
\_\_\_\_\_ Administrative, i.e., Finance, HR, Development  
\_\_\_\_\_ Nurse, i.e., RN, LVN  
\_\_\_\_\_ Other: \_\_\_\_\_



**Program preference:**

\_\_\_\_\_ Adult, i.e., HCS, ICF, HandsOn, Assisted Living, Day Hab  
\_\_\_\_\_ Agency: Mission Road Developmental Center

\_\_\_\_\_ Children  
\_\_\_\_\_ Agency: Unicorn Ctr

**Shift preference:** Note: all shifts may require occasional overtime

\_\_\_\_\_ Mornings, i.e., 6-2p, 6-10a  
\_\_\_\_\_ Monday thru Friday, i.e., 8-5p, 3-8p  
\_\_\_\_\_ Weekends, i.e., Saturday/Sunday, 8-8p, 6-2p, 9-9p, 2-10p

\_\_\_\_\_ Afternoon, i.e., 2-10p, 4-12midnight, 3-8p  
\_\_\_\_\_ Overnight, i.e., 10-6a, 10-8a

**I can work weekends (note: the majority of the direct care shifts include weekends):**

\_\_\_\_\_ yes \_\_\_\_\_ no

**Interested in working:**

\_\_\_\_\_ Full-Time, i.e., FT30, FT32, FT40  
\_\_\_\_\_ Part-Time, i.e., under FT30 hours such as PT24, PT16, PT20  
\_\_\_\_\_ Sub Work, i.e., minimum 16 hours a month

**Interested in the following location(s):**

\_\_\_\_\_ 8706 Mission Rd (Southside) **Main Campus: Mission Road Developmental Center**  
Support services: HR, Finance, Chapel, Maintenance, Kitchen, Development  
**Children's Program group homes and Assisted Living group home**  
\_\_\_\_\_ 4630 Hamilton-Wolfe (**Medical Center, Agency: Unicorn Center**)

**Adult Group Homes**

**Program**

_____ 460 Kopplow ( <b>Southside</b> )	ICF
_____ 7618 Mockingbird ( <b>Medical Center</b> ; Mockingbird, Larkspur, Sandpiper)	ICF
_____ 131 Burr Rd ( <b>Alamo Heights</b> ; Covenant)	ICF
_____ 7520 S. Sea Lane ( <b>San Pedro/Oblate</b> ; Mabee)	ICF
_____ 4951 Aspen View ( <b>Northeast</b> ; Pryor, Coy, Vailcrest)	HCS
_____ 3163 Morning Trail ( <b>Northeast</b> ; Morning Trail)	HCS
_____ 13307 Los Indios ( <b>Northeast</b> ; Los Indios)	HCS
_____ 3638 Sugarhill ( <b>Northwest</b> ; Sugarhill)	HCS
_____ 6642 Rambling Trail ( <b>Northwest</b> ; Rambling Trail)	HCS
_____ 3627 Windgap ( <b>Northwest</b> ; Windgap)	HCS
_____ 9110 Bradley Creek ( <b>Northwest</b> ; Bradley Creek)	HCS
_____ 12503 Cozy Trail ( <b>Northwest</b> ; Cozy Trail)	HCS
_____ 10607 Country Flower ( <b>Northwest</b> ; Country Flower)	Deaf/Blind
_____ 6706 Country Breeze ( <b>Northwest</b> ; Country Breeze)	Deaf/Blind
_____ 6827 Country Haven ( <b>Northwest</b> ; Country Haven)	Deaf/Blind
_____ 10602 Horn, ( <b>Northwest</b> ; Horn)	Deaf/Blind

## Drug-Free Workplace

Mission Road Ministries is a drug-free workplace. We do not tolerate the unlawful use, possession, sale or transfer of drugs or narcotics in any manner in the workplace, in association with the workplace, during work time, or that would otherwise adversely affect MRM business. Further, employees shall not possess alcoholic beverages in the workplace or consume alcoholic beverages in association with the workplace or during work time. Employees shall not report to work with illegal drugs and/or alcohol in their bodies.

All prospective employees are tested prior to employment. Drug testing will be accomplished by using an oral screening method. This test will be conducted by a trained and certified MRM employee, or their designee. MRM also reserves the right to use urinalysis or hair strand testing as provided by an independent laboratory. All specimen samples shall be collected with due regard to the privacy of the employee and in a manner reasonably calculated to prevent substitution or contamination of the sample.

Applicants/prospective employees will be provided an opportunity to provide any information that he or she considers relevant to the test, including identification of currently or recently used prescription or non-prescription medication, or other relevant medical information. The providing of information shall not preclude administration of the test, but shall be taken into account in interpreting any positive confirmed results.

Failure to submit to the drug screen will result in the job offer being rescinded.

If there is a positive result from the initial test run, then a second confirmation test will be conducted. This confirmation test will be conducted immediately and utilize the gas chromatograph/mass spectrometry method. The GM/MS confirmation test will be sent to an outside laboratory. Pending the outcome of the confirmation test, all contingent job offers will be held.

If the confirmation test also yields positive results, the contingent job offer will be rescinded.

Applicants who disagree with the results of the confirmation test may, at their own expense, submit to a hair strand test. The applicant or prospective employee will be instructed where to report to have an independent laboratory conduct a hair strand test. The results of this test will be considered conclusive and final. If the test results are again positive, the previous actions will stand. If the hair strand test results are negative, then any pending job offers will stand (and MRM will reimburse for the cost of the test).

Applicants who test positive cannot apply again for a period of one year.

MRM also tests employees randomly, post-accident, and with reasonable suspicion. Failure to submit to a test is considered voluntary termination. A copy of the full policy will be provided at new employee orientation or is available by request.

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I have read and understand the above information. I understand that any job offers made to me will be contingent, among other things, upon the negative (clear) results of a drug screen. By signing below, I agree to submit to the drug screening process as required.

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Printed Name and Signature

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Date

## Driving Policy

In the course of Mission Road business, it is necessary that clients be transported for medical appointment, recreational activities, and so forth. Mission Road has a fleet of vans available for these purposes. In order to act as a driver and provide client transportation for Mission Road, the following criteria must be met.

\* Drivers who transport clients must be at least 21 years of age; must provide a valid and current Texas driver's license; must have had their license at least 3 years; must complete the Mission Road Transportation Safety Training; Defensive Driving Training and complete a road test with the company vehicle; and must not have more than two moving violations in the past 3 years, must not have more than 1 accident in any one year, and no speeding over 80 miles per hour or 21 miles per hour over the posted speed limit.

\* Mission Road will conduct an annual Motor Vehicle Record (MVR) check on all Mission Road drivers. Any driver deemed 'unacceptable' will be removed from Mission Road's drivers list.

\* Serious Violations: DWI/DUI--drugs or alcohol; hit and run; failure to report an accident; negligent homicide using a motor vehicle; driving while license is suspended or revoked; using or operating a motor during the commission of a felony; permitting an unlicensed person to drive; reckless driving; speed contest; illegal passing of a school bus; speeding in a school one. Note: the above list cites examples of serious violations and is not all inclusive.

### **Attention Applicant:**

If you CANNOT check off the criteria below, you are NOT ELIGIBLE for a residential direct care position and/or any position that requires driving a company vehicle.

<input type="checkbox"/>	Is 21 years of age
<input type="checkbox"/>	Has a valid and current TX driver's license (out of State driver's license, consult with HR)
<input type="checkbox"/>	Has had a driver's license for at least 3 years
<input type="checkbox"/>	Has had no more than 2 moving violations in the past 3 years
<input type="checkbox"/>	Has not had more than 1 accident in any one year
<input type="checkbox"/>	Has not had an incident of speeding over 80 miles per hour
<input type="checkbox"/>	Has not had an incident of 21 miles per hour over the posted speed limit
<input type="checkbox"/>	Has had no serious violations such as DWI, DUI, hit and run, driving felony
<input type="checkbox"/>	Has not had more than 2 accidents in the past 3 years

If you checked off the criteria above, you are eligible to apply and move forward with the application process.

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My signature indicates the following:

I understand Mission Road's driving policy to include that all job offers are contingent upon verification of age, driver's license, and driving record. I also understand that I may be expected to drive a company vehicle upon meeting all requirements.

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Applicant's signature

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Date

# Assessing an Applicant's Reading and Writing Skills

Part 1: Read the following information:

Some people with developmental disabilities exhibit challenging behavior, defined as "culturally abnormal behavior(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behavior which is likely to seriously limit or deny access to the use of ordinary community facilities". Common types of challenging behavior include self-injurious behavior (such as hitting, head butting, biting), aggressive behavior (such as hitting others, screaming, spitting, kicking), inappropriate sexualized behavior (such as public masturbation or groping), behavior directed at property (such as throwing objects and stealing) and stereotyped behaviors (such as repetitive rocking, or elective incontinence).

Challenging behavior in people with developmental disabilities may be caused by a number of factors, including biological (pain, medication, the need for sensory stimulation), social (boredom, seeking social interaction, the need for an element of control, lack of knowledge of community norms, insensitivity of staff and services to the person's wishes and needs), environmental (physical aspects such as noise and lighting, or gaining access to preferred objects or activities), psychological (feeling excluded, lonely, devalued, labeled, disempowered, living up to people's negative expectations) or simply a means of communication. A lot of the time, challenging behavior is learned and brings rewards and it is very often possible to teach people new behaviors to achieve to same aims.

Experience and research suggests that what professionals call "challenging behavior" is often a reaction to the challenging environments that those providing services create around people with developmental disabilities. "Challenging behavior" in this context is a method of communicating dissatisfaction with the failure of those providing services to focus on what kind of life makes most sense to the person, and is often the only recourse a developmentally disabled person has against unsatisfactory services or treatment and the lack of opportunities made available to the person. This is especially the case where the services deliver lifestyles and ways of working that are centered on what suits the service provider and its staff, rather than what best suits the person.

Source: wikipedia.org

Part 2: In the space below, describe what your role would be when working with people with developmental disabilities who have challenging behaviors.

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\_\_\_\_\_  
Signature and Printed Name

\_\_\_\_\_  
Date



**DISCLOSURE**

COMPANY **Mission Road Ministries** may obtain information about you from Redstar Backgrounds, Inc., 1846 Lockhill Selma, STE 107 SAN ANTONIO, TX 78213, 210-960-4000 AND WWW.REDSTARBACKGROUNDS.COM, or another third-party consumer reporting agency, for employment purposes, volunteer work including without limitation, for the purpose of evaluating you for employment, volunteer work, promotion, reassignment and retention as an employee, at any time prior to or during your employment, if applicable, and without giving you any further notice. Thus, you may be the subject of a background check, also known as a "consumer report" and/or an "investigative consumer report," which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain, without limitation, all or some of the following types of information about you: credit history, social security number verification, address and alias history, personal references, professional references, employment history, educational history, licenses, certifications, motor vehicle records, driving records, criminal history, and civil court record history. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the applied-for position. You have the right to know whether a consumer report has been obtained about you; and you have the right to request a copy of any report obtained by Company, a copy of "A Summary of Your Rights Under the FCRA," and a complete and accurate written disclosure of the nature and scope of any investigative consumer report obtained by Company. An investigative consumer report is information on an individual's character, general reputation, personal characteristics, or mode of living is obtained through a personal interview with an information source. The nature and scope of the most common form of investigative consumer report obtained for employment purposes is an interview with a reference, employer, coworker, supervisor, or customer.

**AUTHORIZATION**

I acknowledge receipt of the Background Check Disclosure and a Summary of Your Rights under the FCRA, and certify that I have read and understand both documents. I hereby authorize Company to obtain background check information, including consumer reports and investigative consumer reports, about me from [REDSTAR BACKGROUNDS INC.] or another third-party consumer reporting agency, for employment purposes, volunteer work, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment, if applicable, and without giving me any further notice. To this end, I hereby authorize, without reservation, any credit bureau, creditor, employer, coworker, supervisor, customer, institution, school, college, university, license or certificate granting entity, state department of motor vehicles, state department of revenue, court, governmental agency, law enforcement agency, information service bureau, insurance company, other record-keeping agency, person, administrator, organization, company, corporation, entity, and any other information source, to furnish any and all background information requested by [RED STAR BACKGROUNDS INC., 1703 Lockhill Selma, STE 107 SAN ANTONIO, TX 78213, 210-960-4000 AND WWW.REDSTARBACKGROUNDS.COM], another third-party acting on behalf of Company, and/or Company itself, and regardless of whether the requested information was received from another source. I agree that a copy of this Authorization shall be as valid as the original.

<input type="text"/>			<input type="text"/>	
First Name	Middle Name	Last Name	Maiden / Other Names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security #	(please check one) <input type="checkbox"/> ID or <input type="checkbox"/> DL #		State	County of Residence
<input type="text"/>			<input type="text"/>	<input type="text"/>
Current Address	City		State	Zip
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Date of Birth	Email Address		Mobile #	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

May your current employer be contacted?  YES  NO  Not Currently Employed

California: Are you employed in, seeking employment in, or a resident of California?  YES  NO

California, Minnesota or Oklahoma: Are you employed in, seeking employment in, or a resident of one of these states?  YES  NO  
If YES, do you wish to receive a copy of any Consumer Report of which you are the subject?  YES  NO

Maine and New York: You have the right, upon request, to be informed of whether a consumer report about you was requested by the above-named company.

Washington: You have the right, upon written request to Employer, to get from Employer a complete and accurate disclosure of the nature and scope of the investigative consumer report Employer ordered, if any.

Oregon: Information describing your rights under federal/Oregon law regarding consumer identify theft protection, storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request.

All Other US States: Please contact Redstar Backgrounds, Inc. at the phone or address listed above to request a copy of your consumer report.

Authorization Signature

Date

#### INFORMATION FOR REDSTARBACKGROUNDS CUSTOMERS ON ADDITIONAL STATE LAW REQUIREMENTS

**DISCLAIMER: THE DISCLOSURE AND AUTHORIZATION FORM, AND THE DISCUSSION OF STATE REQUIREMENTS BELOW, ARE NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY IN CONNECTION WITH THE USE OF THESE FORMS OR THE DETERMINATION OF STATE LAW REQUIREMENTS THAT MAY BE APPLICABLE TO YOU. REDSTAR BACKGROUNDS, INC. MAKES NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN.**

**IN ADDITION TO THE PRECEDING DISCLOSURE AND AUTHORIZATION FORM NEEDED TO CONFORM WITH THE FEDERAL FAIR CREDIT REPORTING ACT, VARIOUS STATES IMPOSE ADDITIONAL DISCLOSURE OR OTHER OBLIGATIONS ON EMPLOYERS WHEN THEY OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS ON EMPLOYEES OR APPLICANTS.**

**THE FOLLOWING IS A SUMMARY OF POSSIBLE STATE REQUIREMENTS.**

**1. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA, you should add the following language to the end of the Authorization:**

You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

**2. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA:**

Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:

We will be obtaining a consumer report from [name, address, and telephone number of the consumer reporting agency]. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.



# DPS Computerized Criminal History (CCH) Verification (Agency Copy)

I, , acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

Signature of Applicant or Employee

Date

Mission Road Ministries

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl _____ Vol/Contractor _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	