



Mission Road Ministries
8706 Mission Rd, San Antonio, Tx 78214
Main Line: 210.924.9265 Fax: 210-334-2465
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:			
_____ High School			
_____ GED	_____	_____ yes	_____
Name, City, State _____		_____ no	

_____ College			
Name, City, State _____	_____	_____ yes	_____
		_____ no	

_____ College			
Name, City, State _____	_____	_____ yes	_____
		_____ no	

_____ Certification			
Name, City, State _____	_____	_____ yes	_____
		_____ no	

_____ Certification			
Name, City, State _____	_____	_____ yes	_____
		_____ no	

Summarize additional training:

Summarize additional knowledge, skills, abilities:

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:

--

Other Employers and Positions:

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

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 who will be a driver. for MRM.

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

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
 7 _____

Volunteer Experience

Organization	Duties/Time Frame	Contact Person & Phone Number

Mission Road has zero tolerance for abuse and will not tolerate the mistreatment or abuse of the individuals we serve in its programs.

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?

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 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.

Do not write below line - HR Use Only

Applicant:

 **Your preferences - Check all that apply:**

- Individuals we serve: Working with Adults Working with Children
- Shift: Morning, i.e., 6-2pm Afternoon, i.e., 2-10pm Overnight
- Work location: Northeast SA Northwest SA
 Medical Center Southside SA – Our main campus
- Work status: Full-time Part-time Sub work
-

 **Direct Care questions** apply to any applicant who will be working with the individuals we service, i.e., residential care professional, group home supervisor, case manager, service specialist, day hab professional, support specialist, program manager.

 **Direct Care Video**

My initial acknowledges that I reviewed the realistic expectations of a direct care worker. I understand the on-the-job challenges and qualities needed to work in a direct care capacity. I want to continue with employment process.

_____ Applicant Initial

 **Abuse or Mistreatment of the Individuals we Serve**

Mission Road has *zero tolerance* for abuse and will not tolerate the mistreatment or abuse of the individuals we serve in its programs. If you are applying for a direct care position, please answer the following questions:

Why do you want to work with individual we serve, individual with developmental and intellectual disabilities?

What age group or sex do you prefer to work with? Why?

What is your philosophy about discipline?

What do you do when you are upset or angry about something?

List the 3 strengths you have in working with the individuals we serve:

Strengths

1. _____
 2. _____
 3. _____
-



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 Mission Road 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 or by an approved clinic, such as Texas Med Clinic. The oral screening test will be conducted by a trained and certified Mission Road employee, or their designee. Mission Road 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. Applicants who test positive cannot apply again for a period of one year.

Mission Road Ministries also tests employees randomly, post-accident, and with reasonable suspicion.

_____ Applicant Initial

 **Job Description Acknowledgement**

After reviewing the job, description (attached or 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 of 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.

_____ Applicant Initial

Essential Job Duties--Physical Demand Acknowledgement

If you are applying for a *direct care* position, this acknowledgement applies to you. If you are hired for a direct care, you may be involved in the following:


1. Restraining disruptive residents to prevent injury to themselves and other others by using MRM prescribed methods.
2. Transporting and/or assisting with transporting residents to and from activities, etc.
3. Training.

Yes, I read the job description. I am able to perform all of the essential duties of this position, and meet the physical demands for the position, to include lifting, standing, walking, climbing, stooping, kneeling, crawling, etc.

No, I read the job description. I am not able to perform all of 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.

_____ Applicant Initial

 **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
 - Integrity
 - Respect
 - Teamwork
- } **Mission Road Ministries' 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

After reviewing our values, do you want to continue with Mission Road Ministries' employment process? () yes () no

_____ Applicant Initial

 **Mission Road's Driving Policy**

In the course of Mission Road Ministries business, it is necessary that the individuals we serve be transported for medical appointments, recreational activities, and so forth. Mission Road has a fleet of vehicles available for these purposes. In order to act as a driver and provide transportation for Mission Road, the following criteria must be met:

- Drivers who transport individuals we serve must...
 - be at least 21 years of age;
 - provide a valid and current Texas Driver's License;
 - have had their license at least 3 years;
 - complete the Mission Road Ministries' Transportation Safety Training, Defensive Driving Training, and a road test with the company vehicle;

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- not have more than 2 moving violations in the past 3 years,
- not have more than 2 accidents in the past 3 years, and
- not have more than one 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 Ministries will conduct an annual Motor Vehicle Record (MVR) check on all Mission Road drivers. Any driver deemed “unacceptable” would be removed from Mission Road drivers list.

Serious Violations that will prevent you from driving a company vehicle:

- 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 a motor vehicle for the commission of a felony;
- Operating a motor vehicle 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 zone.

Note: the above list cites examples of serious violations and is not all-inclusive.

Do you meet the criteria to drive a company vehicle? () yes () no

_____ Applicant Initial

General 'direct care' job description for Applicants

Applicant Initials:
Date:

Job Summary	Will assist in providing self-help skills training and therapeutic treatments to residents with intellectual and/or physical disability. Major component of the position is "Active Treatment"—formal training to individuals in activities of daily living. Examples: teaching the individual: laundry skills, cooking or meal preparation skills, money skills, how to make a bed; self-med skills, social skills, self-help skills; communication skills, developing leisure skills.
Essential Job Duties	<ul style="list-style-type: none">• Electronic data collection.• Will be expected to drive a company vehicle upon meeting requirements.• Demonstrate activities such as bathing, grooming, and dressing to train residents in daily self-care practices.• Converse with residents to reinforce positive behaviors and to promote social interaction.• Serve meals and eat with residents to act as a role model.• Accompany residents on shopping trips and instruct or counsel residents in purchase of personal items.• Aid staff in administering therapeutic and leisure activities, such as physical exercises, occupational arts and crafts, and recreational games, to residents (both on and off campus).• Work with residents on achieving formal and informal goals such as use of public transportation, telephone use, money management, social interaction, etc.• Develop and/or follow recommended teaching techniques, behavior management programs, etc., to assist individuals with increasing their productivity and independent living functions.• Train and monitor residents in the implementation and integration of independent skills such as bed making, laundry, etc.• Supervise, assist residents in punctual attendance of scheduled daily programs, i.e., school, church, therapy, group.• Restrain disruptive residents to prevent injury to themselves and others, using prescribed methods.• Observe and document residents' behavior, such as speech, feeding patterns, toilet training, to facilitate assessment and development of treatment goals.• Document, report, and review residents' daily progress, needs, medical issues, and behaviors. May include completing seizure reports and daily notes.• Attend to routine health care needs of residents under supervision of medical personnel.• Maintain the cleanliness and neatness of indoor and outdoor areas, i.e., residential home, dining hall, playground area, gym, chapel, vans, and other campus areas. Perform antiseptic cleaning duties, laundry, and other housekeeping duties in living areas.• Transport or assist in transporting residents to and from medical appointments, activities, school, etc.• Medical administration: administer prescribed medications and treatments in accordance with physician order(s) and nursing delegatory standards.• First aid: perform client assessments and treatments for minor illnesses and injuries. Document all assessments and treatments performed. Communicate with nursing staff any assessments, treatments, findings on a daily basis.• Work in other group homes, areas when needed. May work evenings, weekends, and holidays as needed.
Qualifications, Education, Experience	Must be able to demonstrate competence in certain areas of training, i.e., CPR, CPI, First Aid, Behavior Management; Driving. Ability to recognize inappropriate or manipulative behavior in difficult or challenging situations. Ability to calmly and repetitively model appropriate behavior in difficult or challenging situations. Ability to react to situations, i.e., rescue, preventing a resident from hurting themselves. Ability to use Microsoft Word, Excel; company data management software; and email.
Physical Demands	While performing the duties of this job, the employee is occasionally required to stand; sit; walk; use hands to finger; handle; reach with arms and hands; stoop; kneel; crouch; crawl; talk or hear; taste or smell. Must be able to lift and/or move at least 50-75 pounds in order to assist in life skills, such as bathing, physical rescue, and wheel chair assistance. Specific vision abilities may include close vision; color vision and the ability to adjust focus. Exposure to outside weather conditions while working with residents. Noise level in the work environment is usually moderate to occasionally loud.



Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Mission Road Ministries and its consumer reporting agency, Essential Screens. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Mission Road Ministries to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

In connection with my application for employment, I direct the following regarding my current employer: (please check one).

Yes, my current employer may be contacted _____
No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize Mission Road Ministries to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact:

Essential Screens
1821 North Webb Road, Suite 1
Grand Island, NE 68803

Printed Full Name (First, Middle, Last):

Signature: _____ Date: ____/____/____

Email: _____

INFORMATION REGARDING YOUR RIGHTS

I understand that I have the right to make a request to the consumer reporting agency: Essential Screens, 1828 North Webb Road Suite 1, Grand Island, NE 68803, phone 888-494-9188, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.essentialscreens.com

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.
Initial here: ____

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

New Hampshire registered drivers: The consent for driving records is valid for only two (2) years and is revocable at any time.

Personal information in MVRs means information that identifies you, such as your photograph, social security number, driver's license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. Highly restricted personal information includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.

Acknowledged:

Signature

_____/_____/_____
Date

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX(Jr., Sr., II, III)
SOCIAL SECURITY NUMBER	DATE OF BIRTH ex.09/10/1981	PLEASE CIRCLE ONE	RACE
		MALE OR FEMALE	
PHONE		E MAIL	

Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

The above is true and correct to the best of my knowledge:

SIGNATURE: _____ DATE: _____

Disclosure

In connection with my application for employment (including contract or volunteer services) with Mission Road Ministries, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information my driving record, workers' compensation claims, judgments, bankruptcies, evictions, criminal records, creditworthiness, credit capacity, credit standing etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Acknowledge:

Signature

Printed Full Name

Date _____/_____/_____

This form is required for all initial name-based search inquires. Agency shall retain tracking form for all name-based inquiries from audit to audit.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant or Employee must acknowledge information. Signature & date required.

Applicant Name (Print):

(This is not a consent form but serves as information for the applicant)

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History 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 \$25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

Applicant Signature:

Date:

Section 2: Agency use only.

Agency Name: Mission Road Developmental Center

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: For agency use only. CCH Tracking information. Check all that apply.

Purpose of CCH	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer/Contractor <input type="checkbox"/> Other:
CCH Storage	<input type="checkbox"/> No, CCH is not stored by agency. <input type="checkbox"/> Yes, CCH is stored by agency.
Retention Period	<input type="checkbox"/> Temp Only <input type="checkbox"/> Annual <input type="checkbox"/> None in place <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other: <u> Initial </u>
Storage Method	<input type="checkbox"/> Physical/Printed <input type="checkbox"/> Digital/Electronic <input type="checkbox"/> Not Applicable
Retention Purpose	Explain:
Date Destroyed	
Destruction Method of CCH	Explain:

[CJIS Launch Pad Link - CHRI & Audit Resources](#)