THE VILLAGE CENTERS

Your Village. Our Community.

APPLICATION FOR EMPLOYMENT

Applicant Name

Application Date

PRE-EMPLOYMENT QUESTIONNAIRE

Application for Employment

Notice: As part of the application process, The Village Learning Center, Inc. must conduct background checks on applicants applying for certain positions as required by the State of Texas Safety & Health Code Chapter 5.

Equal Opportunity Employer. It is our policy to abide by 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, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related, HIV/AIDS related), genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

Personal Information

Last Name

First Name

Address

Social Security

City, State, Zip

Date of Birth

Phone Number

E-mail

Employment Desired

Position

Desired Salary

Start Date

Are you currently employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

Have you ever applied with TVC before? ☐ Yes ☐ No When Position

Have you ever worked for TVC before? ☐ Yes ☐ No When Position

Former Employers

From To Position Salary

Employer Name

Employer Phone No.

Reason for Leaving

From To Position Salary

Employer Name

Employer Phone No.

Reason for Leaving

From To Position Salary

Employer Name

Employer Phone No.

Reason for Leaving

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References

Please provide the names of at least three persons not related to you, whom you have known at least one year.

Full Name | Email

Business | Years Known | Phone Number

Full Name | Email

Business | Years Known | Phone Number

Full Name | Email

Business | Years Known | Phone Number

Full Name | Email

Business | Years Known | Phone Number

Education History

High School

Name of Institution | Years Attended | Degree/Major

City / State | Did you Graduate?

College

Name of Institution | Years Attended | Degree/Major

City / State | Did you Graduate?

Graduate School

Name of Institution | Years Attended | Degree/Major

City / State | Did you Graduate?

Other

Name of Institution | Years Attended | Degree/Major

City / State | Did you Graduate?

Additional Education

Certifications Currently Held	Number	Issuing Agency & State	Expiration Date

Licenses Currently Held	Number	Issuing Agency & State	Expiration Date

Special Skills including languages

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Criminal Record Information

Notice to All Applicants: Do not include convictions that were sealed, eradicated, erased, annulled by court, expunged, pardoned or deferred and withdrawn.

Criminal convictions or arrests will not automatically disqualify an applicant from employment.

Convictions/Pleas: Have you ever been convicted of a felony in any state or providence, or pled guilty or no contest, to any criminal offense? ☐ Yes ☐ No

Pending Charges: Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial? ☐ Yes ☐ No

If you answered “Yes” to either of the above two questions, please provide the date(s) and describe the criminal record [illegible] disqual

SAFETY FIRST

Safety is everyone’s responsibility.

WE INVENT POSSIBILITIES

We support maximum potential.

WE WORK AS ONE

Great things happen together.

WE BRING HEART

We serve with kindness, patience and care.

WE OWN IT

We get our jobs done with pride.

Notice

Under Texas State’s Safety and Health Code Chapter 5, The Village is required to conduct a Criminal History, Employee Misconduct Report and (if applicable) Nurse Aide Registry Check for employees and applicants for certain positions. Certain convictions bar The Village from offering employment for certain positions to individuals convicted of these crimes. For more details, see the Texas State Safety and Health Code Chapter 5 or contact the Department of Aging and Disabilities Services.

PRE-EMPLOYMENT QUESTIONNAIRE

Application for Employment

Agreement

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

I authorize all persons listed above (and on the accompanying resume, if any) to give The Village Learning Center, Inc. and any subsidiary or legally attached company or organization ("The Village") any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and The Village, from liability for any damage that may result from furnishing same to The Village.

I understand that The Village and its clients have agreed that The Village will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under The Village's workers' compensation insurance policy.

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

I understand that The Village may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by The Village as part of the preemployment background investigation and if hired, at any time during my employment.

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

Signature _____ Date _____

Print Full Name _____

FOR INTERNAL USE ONLY (DO NOT WRITE IN THE FOLLOWING)

Interviewed By _____

Approved By _____

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant Name

Address

Social Security

City, State, Zip

Date of Birth

I hereby authorize The Village Learning Center Inc. to obtain all required background screens, perform a drug and alcohol test and run a Motor Vehicle Record (MVR). Due to the nature of our business, we are required to run background checks on all employees annually in order to remain in compliance with regulatory agencies. This release shall include, but not be limited in its scope or purpose for reasons of business necessity. Background screenings will also include but are not limited to: Criminal Background, National Sex Offender, Federal/State OIG and OIG, Employee Misconduct Registry, Nurse Aide Registry, DADS. I understand that all results will be proprietary and kept confidential and will not be provided to any parties other than The Village or its legal representatives.

Applicant Signature

Date

HIPAA/NON-DISCLOSURE AGREEMENT

The Village Learning Center, Inc. (dba The Village) takes reasonable security to safeguard client information protected under the Health Insurance Portability and Accountability Act against loss, defacement, tampering and unauthorized disclosure or use.

I, _____, affirm my commitment to protect the confidentiality of personal health information (PHI) and any other information of Village clients protected under the Health Insurance Portability and Accountability Act (HIPAA). By my signature below I affirm my continued compliance and obligation to this both during my affiliation with The Village and after my affiliation ends.

I understand that client PHI and other protected information must be maintained in the strictest confidence. I hereby agree that at any time during or after my affiliation with The Village I may not disclose any client information to any persons whatsoever or permit anyone to examine or make copies of any client reports or related documents in my possession other than parents/guardians or others necessary in the course of that clients care so long as they have a proper release from the parent/guardian or the client themselves should they be their own legal guardian.

I understand that violation of this agreement may result in corrective action by The Village or by the state or federal government as stipulated under HIPAA.

All staff must reasonably and appropriately secure any confidential information (e.g. rosters, notification reports, plans of care, progress notes, incident reports, medical information, and so forth) during and after business hours.

I am a:

- ☐ Full-Time Employee
- ☐ Part-Time Employee
- ☐ Contract Employee
- ☐ Volunteer
- ☐ Other (please specify) _____

Printed Name _____

Signature _____ Date _____

Witness Signature _____ Date _____