

LENDING HELPING HANDS TO OTHERS  
505 NORTH SAM HOUSTON PARKWAY EAST SUITE 264-A  
HOUSTON, TX 77060-4073  
832-230-8076

**APPLICATION FOR EMPLOYMENT**

All Potential Employees Are Evaluated Without Regard To Race, Color, Religion, Gender, National Origin, Age, Marital, Veteran Status, The Presence Of A Non-Job Related Handicap Or Any Other Legally Protected Status.

Position Sought:

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How did you learn about the position?

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Name : \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Phone : \_\_\_\_\_ OFFICE Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

On what date would you be available for work?

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Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? ( ) Yes ( ) No

Have you ever been convicted of a felony? ( ) Yes ( ) No If yes, please describe circumstances:

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If selected for employment, are you willing to submit to a pre-employment drug screening test? ( ) Yes ( ) No

**EDUCATION:**

<i>School Name</i>	<i>Location</i>	<i>Years Attended</i>	<i>Degree Received</i>	<i>Major</i>

Other training, certifications, or licenses held:

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List other information pertinent to the employment you are seeking: \_\_\_\_\_  
  
\_\_\_\_\_

**EMPLOYMENT:**

(MOST RECENT FIRST)

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ending salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ending salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ending salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ending salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**ATTENTION ALL APPLICANTS**

**LENDING HELPING HANDS TO OTHERS** is a community rehabilitation program with the mission of providing employment hiring for disabled individuals. We provide this training with on the job training. All employees and disable trainees will receive wages at the federal minimum wage rate or above. If you are a disabled job trainee, your wages will not be reported to the Texas Workforce Commission and (Lending Helping Hands To Others ) will not be on record with TWC as one of your employers.

Please Check

- Mental Retardation
- Learning Disabled
- Seizure disorder
- Closed Hard Injury
- Hearing disabled

- Mental Health Disorder
- Physically Handicapped
- Drug/Alcohol Disorder
- Visually Impaired
- OTHER \_\_\_\_\_

Please list any medications that you take on a regular basis:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Treating Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever been a client of Texas Rehabilitation Commission?

\_\_\_\_\_

Have you ever been a client of MHMR?

\_\_\_\_\_

If you answer yes to either, please give the name and phone number of the case officer or office location.

\_\_\_\_\_

\_\_\_\_\_

TO BE CONSIDERED A TRAINEE, LENDING HELPING HANDS TO OTHERS will require documentation of your disability?

I have read and understand this information:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

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## **Criminal History Background Check**

### **Policy and Authorization**

**Background Check to be obtained:** LENDING HELPING HANDS TO OTHERS will obtain from the Texas Department of Public Safety or from a vendor, all available criminal history record information relating to all board members, volunteers, employees, and prospective employees who will have contact with clients.

**Disqualification:** An employee will be subject to Immediate Termination, a prospective employee will be ineligible for hire, and board members and volunteer will be disqualified from service with **LENDING HELPING HANDS TO OTHERS** if such person has been convicted of, pleaded no contest to, or completed deferred adjudication for:

(1) Any felony;

(2) Any crime of moral turpitude as determined by **LENDING HELPING HANDS TO OTHERS** or,

(3) Any offense against the family, sex-related offense, offense against or related to a child, theft of property; or fraud-related offense.

**AUTHORIZATION**

My full name is \_\_\_\_\_

I hereby authorize **LENDING HELPING HANDS TO OTHERS** to obtain from the Texas Department of Public Safety or from a vendor all available criminal history record information relating to me.

My social security number is \_\_\_\_\_

My date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

\_\_\_\_\_  
Printed Name