



The Wood Group is required by HHSC to conduct a criminal history check obtained directly from the Texas Department of Public Safety and an eligibility check through the Nurse Misconduct Registry prior to employment. Any person convicted or has received deferred adjudication for any of the criminal offenses listed in Texas Health and Safety Code (HSC) §250.00 TAC code is not eligible for hire. Any applicant listed as revoked or unemployable on the Nurse Aide Registry, Employee Misconduct Registry or CANRS is not eligible for hire

### EMPLOYEE MISCONDUCT & NURSE AIDE REGISTRY NOTIFICATION

*The Wood Group must search the Employee Misconduct Registry and the Nurse Aide Registry prior to hiring an unlicensed employee to determine if the unlicensed employee is not listed as having abused, neglected, exploited a resident or a consumer or misappropriated a resident or consumer's property, a search on the Nurse Aid Registry. If the person's name has been entered as revoked, unemployable on either registry due to a negative finding, the facility is prohibited from employing the individual*

### PRE-EMPLOYMENT BACKGROUND ELIGIBILITY CHECK

All HHSC facilities require The Wood Group to obtain criminal history check obtained directly from the Texas Department of Public Safety. If a person has lived outside the State of Texas at any time during the two years preceding the application for employment/volunteer status information must be obtained through the FBI using a complete set of fingerprints on the official FBI card. A facility or provider may conduct subsequent criminal history and registry checks on any employee or volunteer at any time it deems appropriate.

1. Name \_\_\_\_\_  
Last (Current)      ( Maiden Name)                      First                      Middle
2. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      3. Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_
4. Driver's License # \_\_\_\_\_                      DL  ID  Exp. Date \_\_\_\_\_  
(should be 8 digits long)                      (Check one)
5. Facility \_\_\_\_\_                      6. Sex (Circle One) M   F
7. Ethnicity \_\_\_\_\_

**I have read and understand the above information on the Employee Misconduct & Nurse Aide Registry, and the Pre-Employment Eligibility Check.**

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

**\*\*This form should be filled out and faxed, or called in, to the Administrative office before hiring. If calling in the form, leave the information with whomever is there and a copy will be faxed back or mailed to you. \*\***

# The Wood Group



Serving the Behavioral Health Community Since 1980

## Employment Application

**THE WOOD GROUP**  
**APPLICANT INSTRUCTIONS**

Thank you for your interest in working for our company. We believe that our people make us successful, and the employment process is an important aspect of building our team. We appreciate your interest and are glad you have shown an interest in joining our team. This sheet is for your information. Please tear it off and keep for reference.

Please complete the attached application and authorization for release of information form. Please print all information so it may be easily read. Be certain that each section is completely filled out and that you sign and date the application and the *Release of Employment Records*. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. Incomplete applications will not be considered. As part of this application you will be furnished a job description that will contain the essential functions of the job. If it has not been supplied to you, it is your responsibility to ask for one.

We will keep your application on file for three (3) months. Should an appropriate opening occur, your application will be reviewed along with others. If you are among the most qualified applicants for this position, an interview will be arranged. It is not necessary for you to contact this office regarding any job openings after you have completed your application. Please notify us in writing if your address or telephone number should change.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools, former employers, and licensing/certification agencies, if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, pregnancy, physical or mental disability or age (as defined by law).

We appreciate your cooperation.

THE WOOD GROUP  
APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

◆PERSONAL INFORMATION◆

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City & State : \_\_\_\_\_ Zip: \_\_\_\_\_ Alternate Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you age 18 or older? Yes No (If no, hire is subject to verification that you are of legal minimum age to work.)

Notify in case of emergency:

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Are you related to any Wood Group employee (s)? Yes No

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No  
 If yes, please briefly describe the circumstances of your conviction, indicating the date, nature and place of the offense and disposition of the case. **The Wood Group is required to run a criminal history check on all applicants prior to employment. A conviction may or may not disqualify you, but a false statement will.**

\_\_\_\_\_

◆EMPLOYMENT DESIRED & AVAILABILITY◆

Position(s) applying for: \_\_\_\_\_ Salary/Wage desired: \_\_\_\_\_

Have you ever been employed with us before? Yes No If yes, give dates: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_ Shift: Day Evening Night

Days available to work: S M T W T F S (please circle) Do you have transportation? Yes No

What are your reasons or goals for seeking the position(s) indicated? \_\_\_\_\_

\_\_\_\_\_

**◆EDUCATION/SKILLS◆**

	NAME & LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

**◆EMPLOYMENT RECORD◆**

Are you currently employed? Yes No  
 We routinely contact an applicant's current employer for reference checks. Would this pose any particular difficulty for you? Yes No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Describe any experiences, skills or qualifications that would be of special benefit in the job for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_

**MILITARY SERVICE**  
 U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Present Membership in National Guard or Reserves: \_\_\_\_\_

**◆EMPLOYMENT FOR LAST 5 YEARS◆**

**CURRENT OR LAST EMPLOYER**

Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor: \_\_\_\_\_ Wages: \_\_\_\_\_ per Hour Week Month

Position & Duties: \_\_\_\_\_

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

NEXT PREVIOUS EMPLOYER

Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor: \_\_\_\_\_ Wages: \_\_\_\_\_ per Hour Week Month

Position & Duties: \_\_\_\_\_

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

NEXT PREVIOUS EMPLOYER

Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor: \_\_\_\_\_ Wages: \_\_\_\_\_ per Hour Week Month

Position & Duties: \_\_\_\_\_

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

NEXT PREVIOUS EMPLOYER

Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor: \_\_\_\_\_ Wages: \_\_\_\_\_ per Hour Week Month

Position & Duties: \_\_\_\_\_

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

*(If additional space is needed, please use the back of this page.)*

Please explain all periods of unemployment: \_\_\_\_\_

Have you ever been terminated from employment? Yes No

If yes, please explain: \_\_\_\_\_

*The following section must be completed if you are applying for a position that requires the operation of a motor vehicle, owned or leased by the company, or if you must use your own vehicle for company purposes.*

DL #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you have auto liability insurance? Yes No If yes, please give name of company and expiration date:

Has your driver's license ever been suspended for any reason? Yes No If yes, please give date and reason:

Have you been involved in a vehicle accident of any type within the last five (5) years? Yes No  
If yes, give date(s) and the nature and severity of the accident(s).

**◆TRAFFIC VIOLATION RECORD ◆**

List traffic citations you have received during the past five (5) years preceding the date of this application, and state the disposition of each, such as "dismissed," "paid fine," "defensive driving," etc.

DATE	TYPE	DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have been convicted of a DUI or DWI, or driving under the influence of drugs, please explain:

\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If you are hired for a position that requires driving, you must keep us informed of any changes in your driving record.*

*Employers in Texas have a legal duty in regard to each employee's safety. You, your fellow workers' and our residents' safety is of utmost importance to The Wood Group. It is neither beneficial for you nor us to place you in a job where you have a higher risk of injury because of a physical condition. As an Equal Opportunity Employer, we consider applicants for employment regardless of their disabilities; however, in addition to our own requirements, the Americans with Disabilities Act also requires us to make certain that each employee is capable of performing the essential functions of the job. Therefore, you must be honest with us in regard to your personal evaluation as to your abilities to perform the essential functions as described in the job description. If you are unable to perform the essential functions of the job, we welcome you to discuss any needs for accommodations that would allow you to perform the job in accordance with the job description.*

Do you have the physical and/or mental capabilities to perform the essential functions of the job?    Yes    No  
If no, state the accommodations that would allow you to perform the job:

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**◆EMPLOYMENT APPLICANT'S RELEASE OF EMPLOYMENT RECORDS◆**

I, \_\_\_\_\_, hereby authorize The Wood Group to investigate all facts contained in my application for employment with said company, and authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information that said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

A copy of this release shall be as valid as the original.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Witness Signature

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

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

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for the past five (5) years of experiences and any relevant training on this application, and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

The Wood Group. is hereby authorized to make any investigation of past employment (current employment, if indicated above that this would not pose any difficulty), educational, credit, or criminal history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

I understand that nothing in this application, or in any prior subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by The Wood Group, my employment will be at-will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of The Wood Group, or myself. I understand that I have the right to end my employment at any time and that The Wood Group, retains the same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modifications is in writing and signed by the Chief Executive Officer of The Wood Group.

If employed by The Wood Group., I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or will be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling changes as directed by my supervisor.

I understand that an offer of employment and continued employment with the company is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

OPTION: I understand and agree that if I am employed and subsequently terminate, or am terminated from, my employment, I must reimburse the company for any used, but unearned, vacation time that I may have taken, and that this reimbursement may be accomplished, to the extent permitted by law, by deductions out of my final paycheck from the company.

I have been supplied a copy of the job description that applies to the job for which I am applying and I have read and understand the essential functions of the job. I understand that this is an application for employment and that no employment contract, either express or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits and operating policies.

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Signature

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Date

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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. (This is not a consent form, but serves as information for the applicant.) 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 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 \$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.

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

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: 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>	