



BERRY FAMILY SERVICES, INC.

"Meeting the Needs of the Disabled and Their Families"

EMPLOYMENT APPLICATION

(Berry Family Services, Inc. is AN EQUAL OPPORTUNITY EMPLOYER)

It is the policy of Berry "Family" Services, Inc. not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin, age, disability, marital status, sexual orientation, political opinions or affiliation.

This application or any attachments thereto become a part of Berry "Family" Services records and are not returned.

Name: _____
Last First Middle

Phone: _____ Alternative Phone: _____
Area Code Phone No. Area Code Phone No.

Address: _____
Number Street Apt# City State Zip Code

Email Address: _____

Position Applying for: _____ Date of Application: _____

Interested in (Check one or more): Full Time Part Time

Pay Expected: _____ When will you be available to work? _____

Did you serve in the U.S. Armed Forces? _____ If Yes, In what Branch? _____

Are you eligible for employment in the United States? _____

Please list any other names under which you have worked (reference purposes):

EDUCATION RECORD:

Last Grade of School completed: _____ Diploma or GED? _____

List your education since high school, including colleges, business, technical, trade, correspondence and military service schools.

School Name	Address	From		To		Major/Minor/ Course Title	# Of Credit Hours	Degree or Certificate
		Mo.	Yr.	Mo.	Yr.			
		/		/				
		/		/				
		/		/				
		/		/				



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CERTIFICATIONS/LICENSES/PROFESSIONAL REGISTRATIONS:

Professional License No.	Type of License	TX	Expiration Date

PLEASE LIST ANY SPECIAL SKILLS OR EXPERIENCE:

LANGUAGES:

- Speak Write Read
 Speak Write Read

EMPLOYMENT HISTORY:

Please give accurate complete full-time and part-time employment record. Start with your present or most recent employer. **You may attach a resume, certificate, discharge papers, letters of recommendation or any other documents as part of your application.**

1.

Company Name	Telephone
Address	Employed - (month and year)
Name of Supervisor	From _____ To _____
State Job Title and Duties	Monthly Salary
	Start _____ Last _____
	Reason for Leaving

2.

Company Name	Telephone
Address	Employed - (month and year)
Name of Supervisor	From _____ To _____
State Job Title and Duties	Monthly Salary
	Start _____ Last _____
	Reason for Leaving

3.

Company Name	Telephone
Address	Employed - (month and year)
Name of Supervisor	From _____ To _____
State Job Title and Duties	Monthly Salary
	Start _____ Last _____
	Reason for Leaving



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We will contact the employers listed unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number	Reason

PERSONAL REFERENCES: (Do not list relatives)

Name	Occupation	Address	Phone

MEMBERSHIP in PROFESSIONAL or CIVIC ORGANIZATIONS

(Exclude those, which may disclose your race, color, religion or national origin)

DRIVING RECORD/TRAFFIC VIOLATIONS:

1. Do you have a valid Drivers License? _____ If Yes, List State Issued in _____

License No: _____ Class C Class A-CDL Class B-CDL

2. Have you received three (3) or more convictions for moving traffic violations during the last 36 months (3 years)? Yes No

3. Have you received a Driving while intoxicated (DWI) or Driving under Influence (DUI) citation during the last 36 months (3 years)? Yes No

4. Is your driver's license currently suspended? Yes No

CONVICTIONS:

Have you been convicted of a crime in the past ten (10) years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

Yes No If "Yes," describe in full. _____



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ALL APPLICANTS - PLEASE READ AND COMPLETE

Working for Berry "Family" Services requires that an employee have a variety of skills. These skills include: good written communication, the desire to work with persons with disabilities, and the ability to follow instructions, rules and procedures. Please write at least one paragraph describing your skills in the areas mentioned and why you are a good candidate for employment/contract at Berry "Family" Services.

SIGNATURE:

I represent and warrant that the answers I have given are full and true to the best of my knowledge and belief. I understand that failure to answer all questions fully and truthfully may result in disqualification or dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I understand that employment is contingent upon satisfactory completion of reference checks and **all** background checks, and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me.

Should a job offer be made, I consent to taking a random physical examination if required by BFS. This examination may include Drug testing. I understand that information obtained in physical examinations will be kept confidential and in a separate record. I understand that any job/contract offer, or my continued employment (if hired) is contingent upon my being physically and medically able to perform the essential functions of my position without harm to others or myself.

Applicant's Signature

Date



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CONSENTS FOR BACKGROUND CHECKS

CRIMINAL HISTORY CHECK:

In connection with my application for employment I understand that a Criminal Background Check must be completed. I acknowledge by signing this consent that I am giving permission for Berry "Family" Services or its agents to conduct the background check. I hereby authorize, without Reservation any law enforcement agency or other entities to furnish the requested information

I acknowledge that a telephonic facsimile (FAX) or photocopy shall be as valid as the original.

The following information is required by law enforcement agencies for positive identification Purposes when checking records. It is confidential and will not be used for any other purposes.

Please Print Name: First		Middle	Last	Date of Birth	Gender
Social Security #		Driver's License #	State Issuing	Name as it appears on Driver's License	
Signature				Date	

EMPLOYEE MISCONDUCT REGISTRY and NURSES AIDE REGISTRY CHECKS:

In an effort to better serve and protect facility residents and consumers the 76th Legislature passed Senate Bill 967 creating the Employee Misconduct Registry (E.M.R.), creating Chapter 253, Health and Safety Code.

The Employee Misconduct Registry (E.M.R.) is being implemented to track acts of misconduct by unlicensed or uncredentialed employees who provide direct care by capturing substantiated findings of:

- * Abuse
- * Neglect
- * Exploitation
- * Misappropriation of resident or consumer property

SF5 is required to access the E.M.R. to determine if an individual is eligible for employment/a contract in:

- * Nursing facilities
- * Intermediate care facilities for the mentally retarded that are licensed by the department
- * Assisted living (personal care) facilities
- * Adult foster care (Type C) facilities
- * Adult day care facilities

In compliance with the statutory language and rules implementing the E.M.R., all facilities are now required to reference both the E.M.R. and the Nurse Aide Registry prior to hiring all employees and deny employment to any person who is listed on the registries as unemployable.

I, _____, acknowledge that I have read the Employee Misconduct Registry letter. I further understand that if I am listed in the registry I may be denied employment or could be terminated from SF5.

Applicant	Date
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DISCLOSURE

As part of the employment process, Berry Family Services, Inc. (the "Company"), will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with the Company, I hereby authorize ChoicePoint WorkPlace Solutions Inc., on behalf of The Company to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Name and Signature

Date

Applicant/Employee Signature

Driver's License Number

_____-_____-_____
Social Security Number *

____/____/_____
Date of Birth *

* For Identification Purposes Only

CA, MN & Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

- YES, I am a California resident and would like a free copy of my investigative consumer report.
- YES, I am a Minnesota resident and would like a free copy of my consumer report.
- YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: In connection with your application for employment, your credit report may be obtained and reviewed. Under California law, if your credit report is ordered, you have a right to receive a free copy of your credit report by checking the appropriate box below. (Your credit report will be mailed to you either by the relevant credit bureau or the consumer reporting agency above.) Please note that if you elect to receive the entire investigative consumer report, this will include your credit report, if one was ordered.



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EEO-1 Self-Identification Form

BERRY FAMILY SERVICES, INC. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, BERRY FAMILY SERVICES, INC. invites employees and applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This data is for periodic governmental reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied for _____

Referral Sources: Advertisement Friend Relative Walk-In
 Employment Agency Company Website Other

Name: _____ Phone () _____
Last First Middle

Address: _____
Number Street City State Zip

EEO-1 Survey

If you wish to be identified, please sign below and complete the survey on the reverse side of this page.

Signed: _____

Check one: Male Female

(Turn page over)



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Ethnicity:

Are you Hispanic or Latino?

No, I am not **Hispanic** or **Latino**.

Yes, I am **Hispanic** or **Latino**. A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race:

-IMPORTANT- Only complete this section if you checked "No, I am not Hispanic or Latino" in the Ethnicity section above:

What is your race? Select ONE of the following categories:

White – A person having origins of any of the original peoples of Europe, North Africa, or the Middle East

Black or African American – A person having origins in any of the Black racial groups of Africa.

American Indian/Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam Samoa, or other Pacific Islands.

Two or More Races – All persons who identify with more than one of the above five races.

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Position(s) Applied for is/are Open: Yes No

Position(s) Considered For: _____ Date: _____



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Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street NW., Washington, DC 20006

A Summary of your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus, and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are a victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.