



## **Application for Employment**

Dear Applicant:

Thank you for your interest in employment with T.E.A.M. ABILITIES. The attached application for completion should be returned to the office location listed on the first page of this application.

The following completion requirements must be followed:

1. Use Black Ink or Type.
2. Be specific as to the position for which you are applying.
3. List all education attainments, diplomas, certifications and/or licenses.
4. Employment history for the last five years should include names and mailing address of employer, dates of employment, specific job duties and reasons for separation.
5. **Documents** that **must** be provided with your application include:
  - a. **Valid TX Driver's License** (we will make a photocopy of your license for our records)
  - b. **Social Security Card** (we will make a photocopy of your card for our records)
  - c. **High School diploma or GED** (we will make a photocopy for our records)
  - d. **3 letters of reference** (we must have letters on file, not just names & numbers)

**Your application WILL NOT be accepted without the documents listed above in bullet 5.  
NO EXCEPTIONS!**

The foregoing list is mandatory for your application to be considered active. Resumes and any further information, which better indicates your work history and skills, are encouraged.

Again, thank you for your interest and we look forward to processing your application.

*T.E.A.M. ABILITIES, INC., is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation of preference, or physical or mental disability.*

## **TEAM Abilities Employment Prescreening Assessment**

1. What hours can you work?
2. Why do you want to take care of people?
3. Have you ever given anyone an adult with IDD bath? Explain
4. Are you able to consistently lift/transfer 100lbs plus, daily? Explain
5. Have you worked with/changed a colostomy bag? Explain
6. Have you ever helped anyone toilet themselves? Explain
7. Have you ever taught anybody else how to do something? Explain
8. How do you feel about doing housework? (Specifically cooking, washing dishes, vacuuming, cleaning sinks, etc.) Explain
9. Have you ever helped anyone take their own medications? Explain
10. Are you familiar with understanding the importance of following nutrition guidelines for individuals?
11. Are you familiar with diabetes, blood pressure, renal failure, etc.? Explain
12. Are you familiar with multiple diagnosis individuals, both medically and mentally?
13. Have you ever helped anyone feed themselves?
14. Are you familiar with Seizure protocol and how to recognize the grades of seizures? Explain
15. Have you ever had to handle an aggressive episode? What did you do? What would you do differently if you had it to do all over again?
16. Do you have reliable transportation?
17. Do you speak Spanish?
18. Do you know sign language?
19. What kind of hobbies have you enjoyed in the past?
20. Do you understand the stress that comes along with DCS on field trips and outings? And how to handle?
21. What job would you ultimately like to have in five or ten years from now?
22. Are you able to Volunteer for 1 field trip per month?
23. Are you comfortable supervising our TEAM members in their job programs?
24. Are you familiar with the community aspect of our program and the importance of helping those we serve remain active in that community?

## PERSONAL

Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Telephone # ( )
Date of Birth			EMAIL:
Address, City, State and Zip Code			
Position Applied For	Referred By		Salary Desired
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?	

## EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies				

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

*For Clerical Applicants Only:*

Do you type? ☐ Yes ☐ No If yes, WPM:

Computer Skills (Hardware/Software)

## EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

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## REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year.

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

## DRIVING HISTORY

Have you ever had a moving violation ticket?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN, PLEASE PROVIDE APPROXIMATE DATES:	

## CRIMINAL HISTORY

TEAM Abilities, Inc. will request a criminal conviction check per the Department of Health and Human Services. Convictions Barring Employment are listed on the attached affidavit. Felony and Misdemeanor Convictions automatically deny employment.	
HAVE YOU BEEN ARRESTED OR CONVICTED OF A FELONY OR A MISDEMEANOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, Please explain:	

## GENERAL

- Yes** **No** May we contact your current employer for references?
- Yes** **No** If hired, will you be able to work overtime?
- Yes** **No** Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit any consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no persona has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

# **AFFIDAVIT**

This agency may employ a person pending receipt of results of a criminal history check in an emergency situation. The Department of Human Services and the Department of Health has defined an emergency as the urgent need to employ an individual as a result of a survey deficiency on staffing ratios and/or the potential of the facility to fall below their desired staff ratio, thus putting the consumer's health or safety at risk.

I, \_\_\_\_\_ have been informed that this agency will request a criminal conviction check on myself per the Department of Health and Human Services. I, \_\_\_\_\_ am signing this Affidavit for this agency, stating that I have not been convicted of a barring offense.

§ 250.006. Convictions Barring Employment (a) A person for whom the facility is entitled to obtain criminal history record information may not be employed in a facility if the person has been convicted of an offense listed in this subsection:

## **Bars Pursuant to Health and Safety Code §250.006**

### **Texas Penal Code**

- **Chapter 19** — Criminal homicide: includes Murder, Capital Murder, Manslaughter, or Criminally negligent homicide
- **Chapter 20** — Kidnapping and unlawful restraint
- **§21.02** — Continuous sexual abuse of young child or children
- **§21.08** — Indecent Exposure
- **§21.11** — Indecency with a child
- **§21.12** — Improper relationship between educator and student
- **§21.15** — Improper photography or visual recording
- **§22.01** — Assault: Class A Misdemeanor or Felony conviction, which occurred within the previous five years.
- **§22.011** — Assault, Sexual
- **§22.02** — Assault, Aggravated
- **§22.021** — Assault, Aggravated Sexual
- **§22.04** — Injury to a child, elderly individual, or disabled individual
- **§22.041** — Abandoning or endangering a child
- **§22.05** — Deadly Conduct
- **§22.07** — Terroristic Threat
- **§22.08** — Aiding suicide
- **§25.031** — Agreement to abduct from custody
- **§25.08** — Sale or purchase of a child
- **§28.02** — Arson
- **§29.02** — Robbery
- **§29.03** — Robbery, Aggravated
- **§30.02** — Burglary: a conviction which occurred within the previous five years.
- **Chapter 31** — Theft: a conviction that is punishable as a felony which occurred within the previous five years.
- **§32.45** — Misapplication of fiduciary property or property of a financial institution: a Class A Misdemeanor or Felony conviction which occurred in the previous five years.
- **§32.46** — Securing execution of a document by deception: a Class A Misdemeanor or Felony conviction which occurred in the previous five years.

- **§33.021** — Online solicitation of a minor
- **§34.02** — Money laundering
- **§35A.02** — Medicaid fraud
- **§36.06** — Obstruction or Retaliation
- **§37.12** — False identification as a peace officer: a conviction which occurred in the previous five years.
- **§42.01(a)(7),(8), or(9)** — Disorderly conduct associated with the discharge or display of a firearm in a public place: a conviction which occurred in the previous five years.
- **§42.09** — Cruelty to animals
- **§42.092** — Cruelty to non-livestock animals
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed above.

## Additional to Bars to Employment

Bars pursuant to Texas Administrative Code, Title 40, Part 1, Chapter 3, §3.201 Texas Health and Safety Code

- **Chapter 481** — Texas Controlled Substances Act: a conviction that is punishable as a felony (involving manufacture, delivery, intent to distribute, conspiracy to possess or produce with intent to distribute, distribution to a minor, illegal expenditure or investment, or transfer or receipt of chemical laboratory apparatus).

Texas Penal Code

- **§15.01** — Criminal Attempt of any offense listed as a bar
- **§43.03** — Promotion of Prostitution
- **§43.04** — Aggravated Promotion of Prostitution
- **§43.05** — Compelling Prostitution
- **§43.25** — Sexual Performance by a Child
- **§43.26** — Possession or Promotion of Child Pornography

Or potentially barring offense(s) which would represent a contraindication to employment to work in contact with consumers. I, \_\_\_\_\_ understand that this Affidavit will be maintained in the facilities personnel records a minimum of 60 days waiting period has expired.

I, \_\_\_\_\_ understand that if a conviction is returned by the Texas Department of Public Safety, immediate termination will result. I will be allowed to appeal this decision if I so choose in accordance with this agency's Grievances Procedures.

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

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



Applicant Name: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

## TELEPHONE REFERENCE CHECK

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By Whom: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Giving Reference: \_\_\_\_\_

Date of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Eligible for Re-hire? ☐ Yes ☐ No

Other: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By Whom: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Giving Reference: \_\_\_\_\_

Date of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Eligible for Re-hire? ☐ Yes ☐ No

Other: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By Whom: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Giving Reference: \_\_\_\_\_

Date of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Eligible for Re-hire? ☐ Yes ☐ No

## Applicant Reference Check and Authorization

Applicant Completes:

Previous Employer name: \_\_\_\_\_

Previous employer phone number: \_\_\_\_\_

Previous employer fax number: \_\_\_\_\_

I, \_\_\_\_\_ (print applicant name) authorize  
\_\_\_\_\_ (name of previous employer) to provide  
T.E.A.M. ABILITIES, INC.

with information regarding my past employment at above mentioned company. I authorize the release to T.E.A.M. ABILITIES, INC.(or any of its licensed agents) of information held by any parties regarding my previous employment and hereby release said persons, schools, companies, government agencies, courts and law enforcement authorities from any damage whatsoever for releasing this information.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Previous employer completes:

Name of person giving reference: \_\_\_\_\_

Title of person giving reference: \_\_\_\_\_

Relationship of person giving reference to applicant: \_\_\_\_\_

Applicant's dates of employment with previous employer: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for separation: \_\_\_\_\_

Overall quality of work: \_\_\_\_\_

Can they provide a safe and healthy environment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fax back to: 866-434-1073

## Applicant Reference Check and Authorization

Applicant Completes:

Previous Employer name: \_\_\_\_\_

Previous employer phone number: \_\_\_\_\_

Previous employer fax number: \_\_\_\_\_

I, \_\_\_\_\_ (print applicant name) authorize  
\_\_\_\_\_ (name of previous employer) to provide  
T.E.A.M. ABILITIES, INC. with information regarding my past employment at above  
mentioned company. I authorize the release to T.E.A.M. ABILITIES, INC. of information held  
by any parties regarding my previous employment and hereby release said persons, schools,  
companies, government agencies, courts and law enforcement authorities from any damage  
whatsoever for releasing this information.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Previous employer completes:

Name of person giving reference: \_\_\_\_\_

Title of person giving reference: \_\_\_\_\_

Relationship of person giving reference to applicant: \_\_\_\_\_

Applicant's dates of employment with previous employer: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for separation: \_\_\_\_\_

Overall quality of work: \_\_\_\_\_

Can they provide a safe and healthy environment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fax back to: 866-434-1073

## Applicant Reference Check and Authorization

Applicant Completes:

Previous Employer name: \_\_\_\_\_

Previous employer phone number: \_\_\_\_\_

Previous employer fax number: \_\_\_\_\_

I, \_\_\_\_\_ (print applicant name) authorize  
\_\_\_\_\_ (name of previous employer) to provide  
T.E.A.M. ABILITIES, INC. with information regarding my past employment at above  
mentioned company. I authorize the release to T.E.A.M. ABILITIES, INC.(or any of its  
licensed agents) of information held by any parties regarding my previous employment and  
hereby release said persons, schools, companies, government agencies, courts and law  
enforcement authorities from any damage whatsoever for releasing this information.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Previous employer completes:

Name of person giving reference: \_\_\_\_\_

Title of person giving reference: \_\_\_\_\_

Relationship of person giving reference to applicant: \_\_\_\_\_

Applicant's dates of employment with previous employer: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for separation: \_\_\_\_\_

Overall quality of work: \_\_\_\_\_

Can they provide a safe and healthy environment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fax back to: 866-434-1073

## **WRITTEN COMPETENCY EXAM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please answer the following three questions in *paragraph form*, using your experience and knowledge in these areas.

1. Describe the types of activities you can assist an individual to accomplish each day to promote his/her independence.

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2. Describe ways in which you can assist an individual in achieving the goal of good behavior.

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3. Describe the reasons why it is important for individual with mental challenges to live in the community like everyone else.

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **RELEASE**

This release is executed by \_\_\_\_\_ (hereinafter referred to as the "Employee"), whose mailing address is \_\_\_\_\_ for and in the consideration of the continuation of the Employee's employment, the safety and wellbeing of the consumers served by the Employee, and for other good and valuable consideration to the Employee from this agency (hereinafter referred to as the "Employer"), to receipt and sufficiency of which consideration is hereby confessed and acknowledged, the Employee, for the Employee's predecessors, successors, assigns, heirs, executors, administrators, and legal representatives, releases and forever discharge the Employer and its predecessors, successors, assigns, heirs, executors, administrators, employees, officers, directors, legal representative and agents, including the agency conducting drug screening, of and from any and all claims, demands, damages, actions, causes of action, or suits in equity, of whatsoever kind or nature whether heretofore or hereafter accruing or whether now known or not known to the parties prior to and including the date hereof and related to the drug screening required by the Employer.

The Employee hereto acknowledges that the Employee has read and understands the effect of the above and foregoing Release, and executes it of his or her own free will and accord for the purposes and consideration set forth.

Executed on this day on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Employee's Signature