

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee

Date

Tropical Texas Behavioral Health

Agency Name (Please print)

Cynthia Fuerte, PHR

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> <u>cmf</u> initial
Purpose of CCH: <u>Employment</u>	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> <u>cmf</u> initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	



Application Requirements

Dear Applicant:

Thank you for your interest in employment with Tropical Texas Behavioral Health. The attached application should be returned to:

**TROPICAL TEXAS BEHAVIORAL HEALTH
HUMAN RESOURCES DEPARTMENT
1901 S. 24th AVENUE
EDINBURG, TEXAS 78540-1108
(956) 289-7076**

The following completion requirements must be followed:

- (1) Fill out application form completely to ensure consideration. **INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.** Resumes will not be accepted in lieu of applications unless so noted on a specific job announcement.
- (2) You must apply for a specific position by specifying the Job Posting (PRF) Number obtained from the JOB VACANCY BULLETIN.
- (3) A separate application must be prepared for every three positions applied for.
- (4) List all education application attainment, diplomas, active certifications and/or licenses.
- (5) Employment history for the last ten years should include names and mailing addresses of employers, dates of employment, specific job duties, and reasons for separation.
- (6) Copies of diploma, transcripts, and /or professional licensures should be attached to each application for any position requiring a licensure or degree, or if you wish to use college courses for substitution and the position allows this. (Please provide copies of these documents.)
- (7) Applicants whose job experience or educational background meets the job qualifications will be considered for interview. Job interviews will be awarded based on overall job qualifications. Not all applicants will be granted an interview.
- (8) In accordance with the Immigration Reform and Control Act, proof of eligibility to work in the United States is required at the time of hire.

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. Please note that ONLY INTERVIEWED APPLICANTS will be notified regarding the selection for the position(s) applied for. Again, thank you for your interest in Tropical Texas Behavioral Health.

DRUG TEST: All positions are subject to drug testing in accordance with the Tropical Texas Behavioral Health Alcohol and Controlled Substance Abuse Testing Program Policy. Employment is contingent on the results of screening tests.

AGILITY TEST: Identified positions are subject to a physical agility test.

FBI: All positions are subject to FBI background checks.



CRIMINAL HISTORY CLEARANCE

Tropical Texas Behavioral Health promotes safety in the rendering of its services. **Criminal History and FBI Fingerprint Clearances are part of this process.** If the results of the criminal history clearance reveals a conviction of any of the criminal offenses listed below (Subsection G of the Texas Administrative Code), (Chapter 4, Subchapter K) Tropical Texas Behavioral Health will consider any of these offenses as a bar to employment.

- (A) Criminal Homicide
 - (B) Indecency With a Child
 - (C) Kidnapping and False Imprisonment
 - (D) Agreement to Abduct from Custody
 - (E) Solicitation of a Child
 - (F) Arson
 - (G) Robbery
 - (H) Aggravated Robbery
 - (I) Sexual Assault and/or Rape
 - (J) Aggravated Assault
 - (K) Injury to a child, Elderly Individual or Disabled Individual
 - (L) Abandoning or Endangering a Child
 - (M) Aiding Suicide
 - (N) Indecent exposure
 - (O) Improper relationship between educator and student
 - (P) Improper photography or visual recording
 - (Q) Deadly conduct
 - (R) Aggravated sexual assault
 - (S) Terrorist threat
 - (T) Online solicitation of a minor
 - (U) Money laundering
 - (V) Medicaid fraud
 - (W) Cruelty to animal
 - (X) 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; and Conviction, which has occurred within the previous five (5) years for:
 - i. Assault that is punishable as a Class A misdemeanor or as a felony
 - ii. Burglary
 - iii. Theft that is punishable as a felony
 - iv. Misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony OR
 - v. Security execution of a document by deception that is punishable as a Class A misdemeanor or a felony
- Class A misdemeanor or felony:
- vi. False identification as a peace officer
 - vii. Disorderly conduct
- Has a conviction of an offense that the MRA or community center determines is a contraindication to employment or volunteer status;
- viii. Listed as “revoked in the Nurse aide Registry, or
 - ix. Listed as “unemployable” in the Employee Misconduct Registry.

Conviction of other criminal offenses may be considered a disqualification to employment.

EEO DATA FORM

An Equal Opportunity Employer



This information does not become part of the hiring process, nor will the information be considered by those involved in the hiring process. This data is being collected for Equal Employment Opportunity monitoring.

NAME: _____TODAYS DATE: _____

JOB POSTING NUMBER _____

WHERE DID YOU LEARN ABOUT THIS JOB? _____

SOCIAL SECURITY NUMBER _____

MALE FEMALE

CHECK ONE ONLY:

- Black (but not of Hispanic origin)
- Asian or Pacific Islanders
- American Indian or Alaskan Native
- Hispanic: All persona of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- White (but not of Hispanic origin)

Please give date of birth, **MO. DAY YR.**

This card is to be completed and returned to the Receptionist in the Department of Human Resources.



EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications. The employment history section must be filled out completely.

1. Include ALL employment. Begin with your current of last position and work back to your first position.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same format at this application form.

Name _____
Last Name
First Name
Middle Name

Position title: Employer: Mailing Address: City and State/ZIP: Employer's Telephone No: AC ()						Immediate Supervisor Name: _____ Title: _____			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>	
Starting date Leaving date						Supervisor's Telephone No. AC ()			Give average Number of hours Worked per week if part-time _____	
Mo	Day	Yr	Mo	Day	Yr	Final Salary				
Summary of experience:										
Specific reason for leaving:										
Position title: Employer: Mailing Address: City and State/ZIP: Employer's Telephone No: AC ()						Immediate Supervisor Name: _____ Title: _____			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>	
Starting date Leaving date						Supervisor's Telephone No. AC ()			Give average Number of hours Worked per week if part-time _____	
Mo	Day	Yr	Mo	Day	Yr	Final Salary				
Summary of experience:										
Specific reason for leaving:										



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							Supervisor's Telephone No. AC ()		Give average Number of hours Worked per week if part-time _____
Starting date Leaving date			Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		If supervisory, number of employees you supervised: _____			
Mo	Day	Yr						Mo	Day
Summary of experience:									
Specific reason for leaving:									
Position title: Employer: Mailing Address: City and State/ZIP: Employer's Telephone No: AC ()							Immediate Supervisor Name: _____ Title: _____		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>
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Starting date Leaving date			Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		If supervisory, number of employees you supervised: _____			
Mo	Day	Yr						Mo	Day
Summary of experience:									
Specific reason for leaving:									



LIST THREE CHARACTER REFERENCES:

This should be someone other than a relative who can provide information on your employment potential.

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE: _____ PHONE: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE: _____ PHONE: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE: _____ PHONE: _____

NOTE: ENSURE ALL INFORMATION INCLUDING ADDRESS, AREA CODE AND PHONE NUMBER HAS BEEN COMPLETED FOR EACH REFERENCE LISTED.