

**COASTAL PLAINS COMMUNITY CENTER
200 MARRIOTT DR.
PORTLAND, TX 78374
(361) 777-3991**

**ALL APPLICATIONS MUST BE RECEIVED AT OUR PORTLAND LOCATION BY
4:00 PM ON THE CLOSING DATE OF THE POSTED POSITION.**

Dear Applicant:

Thank you for considering Coastal Plains Community Center as a future place of employment. Before we can process your application further,

We need to see and verify the following:

- Social Security Card (**Copy if sending by mail**)
(Visual check when submitting an application.)
- Driver's License (**Copy if sending by mail**)
(Visual check when submitting an application.)
- Original License
(RN, LVN, Pharmacist, Registered Therapist, etc. – no copies allowed)
(Visual check when submitting an application.)

We need a copy of the following for Clerical and Technician Positions:

- High School Diploma/GED
- College Transcript and or Degree

We need a copy of the following for Professional Positions:

- College Transcript and Degree

Again, thank you for applying with Coastal Plains Community Center and for your *patience* throughout the application process.

Sincerely,
Human Resources Department

◆ Applicant EEO Data Form

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and *will not be considered* as part of the application for employment. It will be separated from the application.

1. Job Posting Number	2. Social Security Number	3. Name (type or print) Last First Middle		
4. Address		City	State	Zip Code
				5. Phone Number (include Area Code)
6. Sex	7. Birth date	8. Race/Ethnic Origin (Check preferred)		
<input type="checkbox"/> M Male <input type="checkbox"/> F Female		<input type="checkbox"/> 1 Black <input type="checkbox"/> 2 Asian/ Pacific Islander <input type="checkbox"/> 3 Native American/ Alaskan <input type="checkbox"/> 4 Hispanic <input type="checkbox"/> 5 White		
9. How did you find out about this job?				
<input type="checkbox"/> 01 Other Center Employee	<input type="checkbox"/> 05 Newspaper _____ <small>name of newspaper</small>	<input type="checkbox"/> 09 Internet		
<input type="checkbox"/> 02 Job Fair	<input type="checkbox"/> 06 College/University Career Day	<input type="checkbox"/> 10 Recruitment letter		
<input type="checkbox"/> 03 Professional Publication	<input type="checkbox"/> 07 Human Resources Office	<input type="checkbox"/> 11 Professional Assn./Conference		
<input type="checkbox"/> 04 Recruitment Posting	<input type="checkbox"/> 08 Texas Workforce Commission	<input type="checkbox"/> 12 Other (specify) _____		

 X
Signature of Applicant

Date

**COASTAL PLAINS COMMUNITY CENTER
IS AN EQUAL OPPORTUNITY EMPLOYER**

COASTAL PLAINS COMMUNITY CENTER APPLICATION FOR EMPLOYMENT

Please print in Black Ink or Type. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. Coastal Plains Community Center is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, genetic, religion, age, or disability in employment or the provision of services. Coastal Plains provides TTY services through Relay Texas. The State of Texas is an At Will State. Accordingly, Coastal Plains is an At Will Employer. Both the employee and the Center may terminate the employment relationship at anytime with or without cause. Employment assignments and duty station may change due to budgetary, disciplinary or administrative reasons.

Exact title of position for which you wish to apply:	Job Posting No:
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You may make copies of this application and enter different position titles, but each copy must have an original signature. Resumes will not be accepted in lieu of applications. This application becomes public record and is subject to disclosure.

NAME _____ Social Security # _____
Last, First, Middle

MAILING ADDRESS (Current) _____ (_____) _____
Street City State Zip Area Code Daytime Phone

List any other names used if different from name given on this application: _____

Full Time Part Time Summer Temporary Date available for work _____

Are you willing to work hours other than 8-5? Yes No Are you willing to work days other than Monday -Friday? Yes No

Are you willing to travel? Yes No

Driver's License: _____ Class A Class B Class C Class M
State Number
 Class A Commercial Class B Commercial
 Class C Commercial Class M Commercial

Are you at least 17 years of age? Yes No

Please list any driving offenses in the past 5 years. _____

Please list All DWI's _____

EDUCATION:

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? Yes No

Type of School	Name and Location of School	Sem/Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/ Minor Field of Study
			Yes	No			
Undergraduate colleges or Universities							
Graduate Schools							
Technical, Vocational or Business Schools							

EMPLOYMENT HISTORY

Please complete for last three jobs. If you have additional employment in the last 10 years complete the additional sheets. 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. **DO NOT SEND TO YOUR EMPLOYER.**

1. Begin with your current or last position and work back.
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 position, indicate the number of employees you supervised.
5. Coastal Plains Community Center may verify all jobs listed.

EMPLOYMENT VERIFICATION	
Applicant Name: _____	Social Security #: _____
Please Print	
AUTHORIZATION FOR RELEASE OF INFORMATION	
I authorize my previous employer and/or school to release the information requested.	
Signature: _____	Date: _____
PLACE OF EMPLOYMENT	
Company/Agency Name: _____	
Mailing Address: _____	
City, State & Zip code: _____	
Company/Agency Phone #: _____	Fax #: _____
Supervisor's Name: _____	
Full Time _____ Part Time _____ Summer _____ Temp _____	

The following information must be completed. If this is not complete, your application will not be considered for employment.

1. Date(s) of Employment: From: _____ To: _____
 Position(s) Held: 1. _____ Salary \$: _____
 2. _____ Salary \$: _____
 3. _____ Salary \$: _____
2. Duties/Responsibilities: _____

3. Comments on attendance and use of time: _____

4. Comments on Job Performance: _____

5. Reason for leaving: _____

FOR OFFICE USE	<p>The above named employee has indicated prior service with your company/agency. Verification of this service is needed to grant applicant employment. If you would please indicate that the above information is correct and then sign and date this form.</p>
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Signature of Certifying Official	Title
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Printed Name	Telephone #	Fax #
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Return to: Coastal Plains Community Center, P.O. Box 1336, Portland, TX 78374,
 Human Resources Employment Applications or Fax employment verification to: 361-777-2940

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Please complete for last three jobs. If you have additional employment in the last 10 years complete the additional sheets. 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. **DO NOT SEND TO YOUR EMPLOYER.**

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PLACE OF EMPLOYMENT	
Company/Agency Name: _____	
Mailing Address: _____	
City, State & Zip code: _____	
Company/Agency Phone #: _____	Fax #: _____
Supervisor's Name: _____	
Full Time _____ Part Time _____ Summer _____ Temp _____	

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Signature of Certifying Official	Title
Printed Name	Telephone #
Return to: Coastal Plains Community Center, P.O. Box 1336, Portland, TX 78374, Human Resources Employment Applications or Fax employment verification to: 361-777-2940	

**PLEASE LIST ALL ADDITIONAL EMPLOYMENT GOING BACK *TEN YEARS*.
YOU MAY LIST ADDITIONAL EMPLOYMENT WHICH DEMONSTRATES *RELATED
EXPERIENCE* FOR THE POSITION TO WHICH YOU ARE APPLYING.**

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2. _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2. _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2 _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

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YOU MAY LIST ADDITIONAL EMPLOYMENT WHICH DEMONSTRATES *RELATED
EXPERIENCE* FOR THE POSITION TO WHICH YOU ARE APPLYING.**

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2. _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2. _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Position Held: 1. _____ Salary \$: _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2 _____ Salary \$ _____ Dates: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

PERSONAL REFERENCES

Please list at least 3 personal references that we may contact.

Name: _____ **Title:** _____
Relationship to Applicant: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone or pager (if applicable): _____
Comments: _____

Name: _____ **Title:** _____
Relationship to Applicant: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone or pager (if applicable): _____
Comments: _____

Name: _____ **Title:** _____
Relationship to Applicant: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone or pager (if applicable): _____
Comments: _____

◆ **Veteran's Preference**

Senate Bill 646, 74th Legislature, Regular Session, Section 657.002 requires Community Centers to give veteran's preference in employment and retention. The following individuals are entitled to veteran's employment preference:

- (A) A veteran qualifies for a veteran's employment preference if the veteran:
 - (1) Served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service-connected disability;
 - (2) Was honorably discharged from military service; and
 - (3) Is competent.
- (B) A veteran's surviving spouse who has not remarried qualifies for a veteran's employment preference if:
 - (1) The veteran was killed while on active duty;
 - (2) The veteran served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law; and
 - (3) The spouse is competent.
- (C) A veteran's orphan qualifies for a veteran's employment preference if:
 - (1) The veteran was killed while on active duty;
 - (2) The veteran served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law; and
 - (3) The orphan is competent
 - (4) .

In this section, "veteran" means an individual who served in the Army, Navy, Air Force, Marine Corps, or Coast Guard or the United States or in an auxiliary service of one of those branches of the armed forces. The individual must have served a minimum of 180 days on active duty (excluding training), of which 90 consecutive days must have been during a national emergency declared in accordance with federal law (defined as Spanish-American War, World War I, World War II, Korean War, and the cold war era - 1955 until present).

Auxiliary services were the women's units (WAF, WAC, WM, and WAV).

Please answer the following questions

- Are you entitled to veteran's preference? Yes No
- Veteran Yes No DD Form 214 Provided Yes No
- Widow of a Veteran Yes No DD Form 1300 or Appropriate Documentation Provided Yes No
- Orphan of a Veteran Yes No DD Form 1300 or Appropriate Documentation Provided Yes No
- Branch of Service: _____
- Dates of service: From _____ to _____

Documentation such as a DD Form 214 will be required to substantiate status as a veteran. Orphans and widows of veterans can use a DD Form 1300, set of orders (death), or other official Department of Defense documentation outlining the periods of service and circumstances of death.

Documentation must be provided before veterans' preference can be granted.

Name (Print) Signature Date
PLEASE INDICATE "YES" OR "NO," to all questions, then SIGN, AND DATE THE FORM.

**COASTAL PLAINS COMMUNITY CENTER
PRE-EMPLOYMENT CONTROLLED SUBSTANCE TESTING**

NOTICE TO ALL APPLICANTS

In accordance with Center policy, the Federal Drug Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991, applicants are required to undergo testing.

Pre-employment controlled substance testing is required when an applicant receives a conditional offer of employment. If an individual's controlled substance test is verified as positive, the applicant's offer of employment will be rescinded. Applicants may obtain the results of the controlled substance tests by requesting them from the Human Resource Office within 60 calendar days of being notified of the disposition of the employment application. Controlled substance testing is done by chemical analysis of an individual's urine.

An individual will fail the controlled substance test if there is positive evidence of a controlled substance or drug metabolite in the urine specimen that is at or above the levels listed in federal guidelines. Controlled substances are marijuana, opiates, phencyclidine (PCP), amphetamines, and cocaine. A positive controlled substance test may be verified as negative by the medical review officer (MRO) if it is determined that legally prescribed medication(s), taken under the direction of a physician, is the cause for the positive test.

If an applicant's confirmatory test results are positive, he or she may request one re-analysis of the specimen.

The applicant is responsible for payment of all costs associated with the re-analysis.

I have read and understand the requirements of the Center's pre-employment controlled substance testing program as described in this form.

Applicant's Printed Name Applicant's Signature Date

NOTICE TO PROSPECTIVE EMPLOYEES

Convictions related to any sexual offenses, drug related offenses, murder, theft, assault, battery, or any other crime involving personal injury or threat to another person may make you ineligible for employment in positions in direct contact with clients of Coastal Plains Community Center. The names of all prospective employees are cleared through Texas Department of Public Safety to determine the existence of such records.

Have you ever been convicted of a felony, misdemeanor or received a deferred adjudication?

Yes _____

No _____

If "yes" please explain:

CLIENT ABUSE AND NEGLECT

Have you ever received a confirmation of a client abuse or neglect?

Yes _____

No _____

If "yes" please explain:

Are you currently under investigation for client abuse or neglect?

Yes _____

No _____

If "yes" please explain:

I understand that any confirmation of abuse and/or neglect in the CANRS or Employee Misconduct Registry may result in rescinding of the conditional offer of employment.

Medicaid Exclusions

I also understand that Coastal Plains Community Center will be running a Medicaid Exclusions search for State & Federal and any exclusion will result in rescinding conditional offer of employment.

Signature

Date