



Unlimited Visions Aftercare, Inc.
Form: UVA1018 - Employment Application

Employee Form
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Date: ____ / ____ / ____

Please complete Pages 1 - 9

Section I - Personal Information

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City State Zip

How Long: _____ Social Security No.: _____ Telephone: _____

Section II - Availability

Position Applied For:

Days / Hours Available to Work:
 No Preference _____ Thursday _____
 Monday _____ Friday _____
 Tuesday _____ Saturday _____
 Wednesday _____ Sunday _____

How many hours can you work weekly? _____

Can you work... Evenings Weekends both
 Employment Desired: Full-Time Only (30hrs) Part-Time Only (15hrs) Full or Part-Time

Section II - Education

Type of School	Name of School	Location (Complete mailing Address)	No. of Years Completed	Major and Degree
High School				
College				
Business or Trade School				
Professional School				

Section III - Other Information

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

Do you have a driver's license? Yes No

Driver's license number: _____

State of issue: _____

Expiration Date: _____

____ / ____ / ____

Section IV - Indicate Computer Literacy Skills

Typing Yes No WPM: _____

10-Key Yes No

Microsoft Word Yes No

Microsoft Excel Yes No

Microsoft Outlook Yes No

Personal Computer Yes No

PC

Apple

List any other computer software you are proficient at:

Section V - Please list two references other than relatives or previous employers

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Section VI - Military

Have you ever been in the Armed Forces?

Yes

No

Are you a member of the National Guard?

Yes

No

Specialty: _____

Date Entered

Discharge Date:

____ / ____ / ____

____ / ____ / ____

Section VII - Work Experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Job One			
Name of Employer:		Employment Dates	Salary
Your last Job Title:		From: ____ / ____ / ____	Start: _____
Name of Last Supervisor:		To: ____ / ____ / ____	Final: _____
Complete Address:			
Phone Number:			
Reason for leaving (be specific): <i>List the jobs you held, duties performed, skills used or learned, advancements or promotion while you worked at this company:</i>			
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you complete this application yourself	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If not, who did?			
<i>An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.</i>			

Job Two

Name of Employer:		Employment Dates	Salary
Your last Job Title:		From: ____ / ____ / ____	Start: _____
Name of Last Supervisor:		To: ____ / ____ / ____	Final: _____
Complete Address:			
Phone Number:			

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotion while you worked at this company:

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did?

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Job Three

Name of Employer:		Employment Dates	Salary
Your last Job Title:		From: ____ / ____ / ____	Start: _____
Name of Last Supervisor:		To: ____ / ____ / ____	Final: _____
Complete Address:			
Phone Number:			

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotion while you worked at this company:

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did?

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.



Unlimited Visions Aftercare, Inc.
Form: UVA1019 - Application Waiver

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PLEASE READ CAREFULLY

In exchange for the consideration of my job application by UNLIMITED VISIONS AFTERCARE, INC (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks ,personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of UNLIMITED VISIONS AFTERCARE , or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the CEO (Chief Executive Officer or MEO (Managing Executive Officer). Both the undersigned and UNLIMITED VISIONSAFTERCARE, INC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their policies and procedures. I understand that the Company conduct Criminal Background Checks on all applicants therefore, \ authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. I further understand that my employment with the Company shall be introductory for a period of ninety (90) days, and further that at any time during the introductory period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Applicant Signature: _____

Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business. You may also email completed employment application, resume, and cover letter to hr@unlimitedvisions.org



Unlimited Visions Aftercare, Inc.
Form: UVA1006 - Employee Consent to Obtain D.P.S.
Criminal Background Check

Employee Form
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Date of Application: ____ / ____ / ____

Name of Applicant: _____

I, _____, do hereby give my consent to allow
Applicant Full Name

Unlimited Visions Aftercare, Inc. to conduct a criminal background check using Texas Department of Public Safety records. I understand that this documentation will be used to evaluate my future employment with Unlimited Visions Aftercare, Inc. If hired, I understand that this information will be placed in my personnel record, accessible only by the management of Unlimited Visions Aftercare, Inc.

Current Address

Address: _____ Apt # _____
City: _____ State: _____ Zip: _____

Personal Information

Driver's License Number: _____ State: _____
Date of Birth: ____ / ____ / ____ Height: _____ Weight: _____

Applicant Signature: _____

Date: _____



Unlimited Visions Aftercare, Inc.
Form: UVA1008 - Employee Reference Check

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Name of Employee: _____ Date of Hire: ____ / ____ / ____

Contact #:

Name of Previous Employer: _____

Name of Supervisor or Contact: _____

Phone Number of Contact: _____

Date and Time of Reference Check: ____ / ____ / ____

Have there ever been any allegations or reports of sexual exploitation of clients or former clients of the organization? Yes No Unknown Declined to Answer

Comments: _____

Result of Reference Check: _____

UVA Staff Conducting Check: _____

Contact #:

Name of Previous Employer: _____

Name of Supervisor or Contact: _____

Phone Number of Contact: _____

Date and Time of Reference Check: ____ / ____ / ____

Have there ever been any allegations or reports of sexual exploitation of clients or former clients of the organization? Yes No Unknown Declined to Answer

Comments: _____

Result of Reference Check: _____

UVA Staff Conducting Check: _____

Contact #:

Name of Previous Employer: _____

Name of Supervisor or Contact: _____

Phone Number of Contact: _____

Date and Time of Reference Check: ____ / ____ / ____

Have there ever been any allegations or reports of sexual exploitation of clients or former clients of the organization? Yes No Unknown Declined to Answer

Comments: _____

Result of Reference Check: _____

UVA Staff Conducting Check: _____



Unlimited Visions Aftercare, Inc.
Form: UVA1007 - Employee Consent for
Pre-Employment Drug Screen

Name of Applicant: _____

According to our licensing authority, Texas Department of State Health Services, Unlimited Visions Aftercare, Inc. is required to submit all employees to a pre-employment drug test. The method of testing used will preserve the privacy of the individual tested and ensure the integrity and identity of the specimen collected. In addition "chain of custody" procedures are in place and documentation on the handling and storage of the specimen is maintained.

I, _____, do hereby give my consent to allow
Applicant Full Name

Unlimited Visions Aftercare, Inc. to conduct a pre-employment drug test. I understand that documentation regarding this test will be used to evaluate my future employment with Unlimited Visions Aftercare, Inc. I understand that this information will be placed in my personnel record, accessible only by the management of Unlimited Visions Aftercare, Inc.

Please List Any Current Medication		
Name	Dosage	Frequency

Applicant Signature:

Date: