
APPLICANT INSTRUCTIONS

Thank you for your interest in employment with our Company. We appreciate your application, and look forward to the possibility of you joining our team. This sheet is for your information. Please read it carefully.

If you need any assistance or accommodation to facilitate the filling out of this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please print all information so it can be easily read. Be certain that all questions are **completely** answered. Incomplete information forms will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. If you need additional space, you may use the back of the form.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, creed, national origin, sex, physical or mental disability (unrelated to ability to do the job), or age (as defined by law).

On Our Own Services Inc., has job readiness and employment programs for people with disabilities. **On Our Own Services** is here to assist disabled individuals transition into long-term employment.

This community rehabilitation program will check criminal records, driver licenses and references on applicants once an employment offer is made. Certain convictions may make you ineligible for employment and/or lead to summary dismissal.

Driving records will be checked on a regular basis on all employees that are required to drive as stated in the job descriptions. If an employee is not insurable, employment may be terminated.

Falsification of any information on this application can also lead to summary dismissal or non-employment.

All hourly positions have a 180-day Evaluation/Training Period beginning the first day of employment.

You should understand that the position for which you are applying is considered at-will, which means that either you or the company can terminate employment for any reason or no reason at any time. No one except the company president has the authority to amend this agreement.

We appreciate your interest.

I have read and understood the above information.

Signature _____ Date _____

APPLICATION FOR EMPLOYMENT

(Please Print)

Position Desired _____ Date _____

How did you learn about us?

Advertisement Friend Walk-In Relative Other _____

Name (Last) _____ (First) _____ (Middle) _____

Address _____

City _____ State _____ ZIP _____

Telephone Number(s) _____ Social Security Number _____

Are you over 18 years of age? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

If yes, please describe _____

Are you a veteran of the USA Armed Forces? _____

If so, what are your years of service? _____

Are you a service related disabled vet? _____

Is your rating 30% or more? _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Availability: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it?

Yes No

Have you ever been convicted or pled guilty or no contest to a felony offense?

Yes No*

For purposes of employment with **On Our Own Services, Inc.**, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

City/State _____ Charge _____

Please explain _____

*Conviction of a felony will not necessarily bar you from employment.

FELONY CONVICTION

I _____ agree to immediately notify **On Our Own Services, Inc.**, if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

Signature of Applicant

Date

EDUCATION

Circle the highest grade completed in school:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Name and address of last school attended: _____

Vocational or Business schools attended: _____

List names of friends or relatives now employed by **On Our Own Services, Inc.:**

Person to contact in case of an emergency:

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Full Name

Phone

Address

Their place of employment

Phone

Address

Relationship to you

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORDS

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, national origin or other protected status.

Employment with **On Our Own Services, Inc.** requires walking, standing, squatting, bending, pushing, twisting and lifting of up to 50 pounds. If you have any medical condition that would prevent you from performing these duties, please list below:

Summarize any awards, accreditation, special skills or qualifications you have acquired.

CURRENT OR MOST RECENT EMPLOYER:

Name _____ Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

Reason for leaving _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

NEXT PREVIOUS EMPLOYER:

Name _____ Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

Reason for leaving _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Complete the following information only if applying for a position that requires use of a vehicle while conducting company business. If hired, your information may be verified with a Motor Vehicle Report.

How many traffic violations have you had during the last two years? _____

Drivers License Number: _____, State _____

REFERENCES

Name only those persons who are familiar with your work capabilities. Do not list relatives.

Name _____ Phone _____

Address _____

Position _____ Years Known: _____

Name _____ Phone _____

Address _____

Position _____ Years Known: _____

ATTENTION ALL APPLICANTS

On Our Own Services, Inc. is a community rehabilitation program with the mission of providing employment/training for disabled individuals. We provide this training with on the job training. All employees and disabled trainees will receive wages of the federal minimum wage or above. If you are a disabled job trainee your wages will not be reported to the Texas Workforce Commission and **On Our Own Services, Inc.** will not be on record with TWC as one of your base period employers.

Please check disabilities that apply:

- Mental Retardation
- Learning Disabled
- Seizure Disorder
- Closed Head Injury
- Hearing Disabled
- Mental Health Disorder
- Physically Handicapped
- Drug and Alcohol Disorder
- Visually Impaired

Please list any medications that you take on a regular basis: _____

Treating doctor: _____ Phone number: _____

Have you ever been a client of Texas Rehabilitation Commission? _____

Have you ever been a client of MHMR? _____

If answering yes to either, please give name and phone number of caseworker or office location.

Applicant's statement: I certify that I have read and understand all statements and questions that are a part of this application. The answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at the employment decision. I understand that omitted, false or misleading information given in my application or interview(s) may result in non-employment and/ or discharge. I understand also, that if hired I am required to abide by all policies and regulations to the company. **I further understand that I must serve a 90-day Evaluation/Training Period beginning the first day of my employment.**

Applicant's Signature

Date

Interviewer's Signature

Date

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

Employee name: _____

D.O. B: _____

SS#: _____

I hereby authorize and request:

To provide:

On our Own Services, Inc.
2310 McAllister, Houston, TX 77092
Phone/Fax (713) 688-6892/(713) 688-6894

Confidential information concerning the above named individual.

I understand that such disclosure will be made for the following purpose(s):

- | | |
|------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Update evaluation /assessments | <input type="checkbox"/> Assist Residential Placement Search |
| <input type="checkbox"/> Provide documentation of past treatment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Coordinate discharge placement planning | |
| <input type="checkbox"/> Facilitate job placement | |

And the disclosure shall be limited to following specific types of information

- | | |
|----------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Resumes/ Job references |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Diagnosis |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Criminal History |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Substance abuse treatment |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Other _____ |

Copies of this information may include the diagnosis/treatment of drug and alcohol abuse, Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV), or psychiatric disorders.

I understand that this consent is subject to revocation by the undersigned at any time, except to the extent that action has been taken in reliance on it. In any event, this consent shall expire one year from the date signed unless revoked earlier. EXPIRATIONS DATE:

Employee signature: _____

If I am signing as a guardian, I further understand that the information released may contain references to family and myself.

Legal Representative's Signature: _____ Date: _____

Relationship: _____

Witness's Signature: _____ Date: _____

