



6102 Ayers St. Ste. 112
Corpus Christi, TX 78415
Phone: 361-851-0311
Fax: 361-851-0311
Toll-Free: 1-877-851-0311
www.maginesupports.com

Dear Applicant:

Thank you for your interest in employment with M'agine Support Services, LLC. We are an HCS/TxHmL provider of support services to individuals with developmental disabilities, licensed by the Department of Aging and Disability Services (DADS).

Upon completion of the application and signed acknowledgments for both the **Employee Misconduct Registry** and the **Nurse's Aide Registry**, we will verify your eligibility for employment by completing a **State Background Check** via the Department of Public Safety Secure Web Site.

If you are contacting regarding an employment position, please be aware that we must have copies of the following information on file, BEFORE you can begin work.

1. **A Valid Texas Driver's License or Texas ID Card**
2. **Social Security Card**
3. **Proof of Auto Insurance**
4. **Proof of Education (High School Diploma, GED, or College Transcript)**
5. **Proof of minimum 1-year experience and/or employment in providing support services to individuals with developmental disabilities.**

If a high school diploma, GED, or college transcript is unavailable, you will be required to complete a proficiency exam for the application.

Again, thank you for your interest in our agency and your cooperation with the application process.

Sincerely,

Rudy V. Moreno, M.S.
Administrator

M'AGINE SUPPORT SERVICES, LLC

6102 Ayers St. Ste. 112, Corpus Christi, TX 78415
Phone: (361)851-0311, Fax: (361)851-0990, www.maginesupports.com



Employment Application

PLEASE READ: Thank you for your interest in employment with M'Agine Support Services. In order for your application to be considered, please complete this application in its entirety. **Please complete in blue ink and PRINT all requested information and sign for all signature spaces.**

Applicants may be tested for illegal drugs prior to receiving an offer of employment.

Please be sure to complete and sign pages 1 – 7.

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Type:	E-mail Address	
Phone 2	Type:		
Date Available for work:	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Are you related to a current employee at M'Agine Support Services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
How did you hear about this position?	Walk In <input type="checkbox"/> Indeed <input type="checkbox"/> Employee Referral <input type="checkbox"/> who: _____ Internet <input type="checkbox"/> What Site: _____		
Within the past six months, have you been confirmed by APS, CPS, or any other government agency for allegations of abuse, neglect, or exploitation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes to confirmed allegations, please explain:			

WORK AVAILABILITY

Employment Desired (check one):	FULL-TIME ONLY <input type="checkbox"/>	PART-TIME ONLY <input type="checkbox"/>	FULL OR PART-TIME <input type="checkbox"/>	
Days/Hours Available to work:	No Preference <input type="checkbox"/>	Monday:	Tuesday:	
Wednesday:	Thursday:	Friday:	Saturday:	Sunday:
How many hours can you work weekly?	Can you work nights?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a driver's license:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type: <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur	
Driver's License Number:	State of Issue:	Expiration Date:		
Have you had any accidents during the past three years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many?	
Have you had any moving violations during the past three years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many?	

EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

ADDITIONAL INFORMATION

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

PREVIOUS EMPLOYMENT

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

START WITH MOST RECENT EMPLOYER FIRST AND WORK YOUR WAY BACK TO FIRST EMPLOYER

Name of Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Name of Employer		Phone	
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Address		Supervisor	
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Job Title	Starting Salary	\$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Name of Employer		Phone	
------------------	--	-------	--

Address		Supervisor	
---------	--	------------	--

Job Title	Starting Salary	\$	Ending Salary \$
-----------	-----------------	----	------------------

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

May we contact your current employer? YES No

MILITARY SERVICE

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

DISCLAIMER AND SIGNATURE

Did you complete this application yourself: YES No If not, who did?

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal History (CCH)
APPLICANT or EMPLOYEE NAME

check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space
CCH Report Printed: YES _____ NO _____ _____ initial
Purpose of CCH: _____
Empl _____ Vol/Contractor _____ _____ initial
Date Printed: _____ _____ initial
Destroyed Date: _____ _____ initial
Retain in your files

NOTICE OF NURSE AIDE REGISTRY

In an effort to better serve and protect facility residents and consumers, the 76th Legislature passed Senate Bill 967 creating the Nurse Aide Registry (N.A.R.), creating Chapter 253, Health and Safety Code.

The Nurse Aide Registry (N.A.R.) is being implemented to track acts of misconduct by unlicensed or uncredentialed employees who provide direct care by capturing substantiated findings of:

- Abuse;
- Neglect;
- Exploitation; and
- Misappropriation of resident or consumer property.

FACILITY RESPONSIBILITY

This HCS program is required to access the N.A.R. to determine if an individual is eligible for employment in this facility.

EMPLOYEE AGREEMENT

I have read and understand that the facility is responsible for accessing the N.A.R. and determining if I am eligible to work in this facility.

Employee Social Security #

Date of Birth

_____ Data Found

_____ No Data Found

Employee Signature

Date

Designee Signature

Date

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **M'Agine Support Services, LLC.** (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 **M'Agine Support Services, LLC.** 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 President/General Manager of the Company. Both the undersigned and **M'Agine Support Services, LLC.** 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 benefits, policies and procedures and such changes may include reduction in benefits.

I 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 contact.

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 understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant: _____ Date: _____

M'Agine Support Services, LLC. is an equal 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.