

## CHECKLIST FOR EMPLOYMENT

- Submit an application: Contact Recruitment Office
- Copy of your High School education or General Equivalent Diploma (GED)
- Copy of your College degree and or transcript
- Copy of your social security card and/or immigration records
- Copy of your Driver's License
- Copy of CPR and First Aid card
- Copy of your Auto insurance (only if transporting individuals)
- Copy of your professional license
- Complete a written competency based assessment tool to determine your ability to document service delivery and observations of the individual (s) to be served.
- Three written personal references from persons not related by blood which provides evidence of:
  - Emotional stability, good character good character, and adherence to a mature adult lifestyle;
  - The ability to provide humane nurturing and role-enhancing care;
  - The ability to provide a safe and healthy environment for the individual (s) being served.
  - Verifying a minimum of one or more year work experience working with special needs individuals

# PEPPERTREE COMPLETE CARE, LLC

## APPLICATION FOR EMPLOYMENT

Employment Office: *c/o Recruitment,*

312 Vermillion Marble TRL Buda, TX 78610

PHONE # 832/ 527-6750 • FAX# 888/ 259-5108

"AN EQUAL OPPORTUNITY EMPLOYER"

[info@peppertreellc.com](mailto:info@peppertreellc.com)

### INSTRUCTIONS AND INFORMATION

- ◆ Please complete all pages of the application fully and legibly. Furnishing information on the Application for Employment is required for full review and consideration.
- ◆ Resume and supporting material may be attached.
- ◆ Applications may be submitted in person, by mail, or by fax. **Applications must be received by 5:00 p.m. on the Final Filing Date.** Postmarks are not accepted.
- ◆ A separate application packet must be submitted for each opening.
- ◆ All application materials must be submitted at the same time. All materials must include Job Number.
- ◆ Photocopies may be submitted in place of an original application.
- ◆ Applications and supporting materials may not be returned.

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION: PEPPERTREE COMPLETE CARE, LLC (PTCC) prohibits discrimination against or harassment of any person employed by or seeking employment with PTCC, LLC on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam era veteran, recently separated veteran, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized).

PEPPERTREE COMPLETE CARE (PTCC) is an affirmative action/equal opportunity employer. This company undertakes affirmative action to assure equal employment opportunity for minorities and women, for persons with disabilities, and covered veterans. PEPPERTREE COMPLETE CARE (PTCC) policy is intended to be consistent with the provisions of applicable state and federal law.

If you are a PEPPERTREE COMPLETE CARE (PTCC) employee, you have the right to review your records in accordance with the personnel policy and collective bargaining agreements. Information on these policies may be obtained from the Personnel Policies and Procedure Manual. PEPPERTREE COMPLETE CARE (PTCC) hiring authorities are authorized to review the employee's personnel records for job-related information when considering a current employee for employment.

The primary purposes for requesting information on the Applicant Survey are for personnel and affirmative action administration. PTCC policy and State and Federal statutes, which are available in the Human Resources Office and in the Provost's Office, authorize the maintenance of this information. Various agencies and PEPPERTREE COMPLETE CARE (PTCC) departments heads may use information furnished on these forms for the purposes cited in those policies and statutes and will be given to state and federal agencies as required by law.

Disclosure of your social security number on the Applicant Survey is voluntary. The social security number is used to verify your identity in the Human Resources Applicant Tracking System.

The individual responsible for maintaining the information derived from the Applicant Survey is **Linda Pepper**, Director of Admissions, Human Resources, and Office of Administration.

# PEPPERTREE COMPLETE CARE, LLC

## APPLICATION FOR EMPLOYMENT

### APPLICANT SURVEY

Name \_\_\_\_\_ Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Phone Home \_\_\_\_\_ Work \_\_\_\_\_

The United States Department of Labor requires PEPPERTREE COMPLETE CARE to produce periodic reports on gender and ethnic identity of applicants for positions. **PROVIDING THIS DATA IS VOLUNTARY. IT WILL BE KEPT CONFIDENTIAL.** Choosing not to complete this form will not affect your opportunity for employment with PEPPERTREE COMPLETE CARE, LLC.

How did you learn about this position?-Please select **ONLY** one and specify when applicable:

- |   |   |
|---|---|
| <input type="checkbox"/> *Professional Organization | <input type="checkbox"/> Business Advertisement |
| <input type="checkbox"/> *Job Fair                  | <input type="checkbox"/> Other: Internet        |
| <input type="checkbox"/> Friend/Colleague           | <input type="checkbox"/> Other: Employee        |
| <input type="checkbox"/> *Newspaper                 | <input type="checkbox"/> Other: Relative        |
| <input type="checkbox"/> *Community Agency          | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> *Journal/Publication       | <input type="checkbox"/> Other: _____           |

\*Name specific source checked above: \_\_\_\_\_

**Employee Status** (Please check any which apply to you):

- Current Employee
- Currently Layoff Preference Status (B/L/LO)
- Student Nursing Experience (C/M)
- Student

**Sex** (Please check one):

- Female (F)
- Male (M)

**Racial/Ethnicity** (Please Check one):

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native (C): Please specify Tribal affiliation _____               | <input type="checkbox"/> Chinese/Chinese American (2)                    |
| <input type="checkbox"/> Black/African American (Not of Hispanic origin)(A)  | <input type="checkbox"/> East Indian/Pakistani (R)                       |
| <input type="checkbox"/> Latin American/Latino (Including Cuban, Puerto Rican)(5)                                  | <input type="checkbox"/> Filipino/Pilipino (L)                           |
| <input type="checkbox"/> Mexican/Mexican American (E)  | <input type="checkbox"/> Japanese/Japanese American (B)                  |
| <input type="checkbox"/> Other Spanish/Spanish American (W)  | <input type="checkbox"/> White/Caucasian (Including the Middle East) (F) |
| <input type="checkbox"/> Other Asian (Including the Far East, Korea, Southeast Asia or Pacific Islands, Samoa) (X) |  |

# PEPPERTREE COMPLETE CARE, LLC

Job Number (VL#): \_\_\_\_\_ Position Title: \_\_\_\_\_ Final Filing Date (FFD): \_\_\_\_\_

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_  
 (Number & Street) (City) (State) (Zip)

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Message) \_\_\_\_\_

1. You must be at least 18 years of age, or, if under 18, you must have graduated from high school or have a valid work permit, in order to be employed by PTCC, LLC. Do you meet this requirement?  Yes  No
2. Do you have the legal right to accept work in the United States?  Yes  No
3. What shift hours are you available? (Check all appropriate spaces)  Days  Evenings  Nights
4. Are you available to work: (check all appropriate spaces)  Weekends  Holidays  Overtime
5. Do you have any relatives in the department to which you are applying?  Yes  No  
 If you are selected as the best candidate, you may be required to provide name(s), department(s) and relationship(s).

**Questions 6, 7 and 8 MUST BE ANSWERED for application to be considered.**

6. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Please answer YES  or NO  (If YES, please indicate date and explanation for discharge or resignation): Month/Yr: \_\_\_\_ / \_\_\_\_  
 Explanation: \_\_\_\_\_
7. Since your 18th birthday, have you been convicted of a felony or felony-reduced-to misdemeanor conviction by any court? You may omit conviction of a misdemeanor while under age 18 if the record was sealed under Penal Code 1203.45, minor traffic violations for which the fine imposed was \$400.00 or less, any offense that was finally settled in juvenile court or referred to the youth authority, or any conviction specified in Health and Safety Code Section 11361.5 which pertains to certain marijuana offenses. Please answer YES  or NO  (If YES, please indicate date, location and explanation): Month/Yr: \_\_\_\_ / \_\_\_\_  
 Location & Explanation: \_\_\_\_\_
8. Have you ever been convicted of a federal crime, as defined in 42 USC 1320a-7(i) or been excluded from participating in any federal or state health care program? YES  or NO  (If YES, please indicate date, location and explanation): Month/Yr: \_\_\_\_ / \_\_\_\_  
 Location & Explanation: \_\_\_\_\_

A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.  
 We will consider your case individually, in relation to the position for which you have applied.

9. Have you ever worked for the PepperTree Complete Care, LLC? Yes  No   
 If YES, please list dates you were employed by the company and which location: Location (s): \_\_\_\_\_  
 From: Month/Yr: \_\_\_\_ / \_\_\_\_ To: Month/Yr: \_\_\_\_ / \_\_\_\_
10. Are you a retiree?  YES or  NO. If you answered "YES", list the year you retired: \_\_\_\_\_
11. Driver's license #, state, class and expiration date (mandatory only if required for the job for which you are applying):  
 DL#: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: Month/Yr: \_\_\_\_ / \_\_\_\_

**12. Education and Training** (include military training)

Education/Training Facility (List name & location)	Subjects Studied (List major & minor, if applicable)	Units Taken	Degree Received (AA, BS, MS, PhD, etc.)

**13. Professional/Technical Licenses/Certificates** (List only if required for the position for which you are applying)

Type of License or Certificate	Lic/Cert #	State/Organization Issued By	Expiration Date

14. **Languages** (Mandatory only if required for position for which you are applying)  
 LANGUAGE \_\_\_\_\_  Speak  Read  Write  Interpret and/or Translate

**Employment Record:** List your most recent employer first. Account for all time during at least the past 5 years. You may include volunteer and paid experience. DO NOT substitute a resume. You may attach additional information.

**Do you wish to be notified before we contact your current or previous employers?** Yes  No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ to \_\_\_\_\_

**Job Duties** (brief statement; be sure to list all duties related to this position):

Reason for leaving: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ to \_\_\_\_\_

**Job Duties** (brief statement; be sure to list all duties related to this position):

Reason for leaving: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ to \_\_\_\_\_

**Job Duties** (brief statement; be sure to list all duties related to this position):

Reason for leaving: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

**Job-related background checks**, which may be required for certain positions designated as critical, will be conducted and completed before appointment or promotion to that position. Your signature on the application is your consent and authorization PEPPERTREE COMPLETE CARE (PTCC) or its authorized agent to conduct a background investigation related to the critical position for which you are applying. Prior to employment, transfer, reclassification or promotion into "critical" positions, background checks through PTCC, LLC's background check agency are mandated for all individuals. Background checks may include criminal history, employee misconduct, nursing aid registry, credit, identity check and/or fingerprinting and more.

Under Federal law, PEPPERTREE COMPLETE CARE, LLC may employ only individuals who are legally able to work in the United States as established by providing documents specified in the **Immigration Reform and Control Act of 1986**.

The **Fair Labor Standards Act**, Section 7(o), governs the accrual, use and cashing out of compensatory time. Non-exempt employees who are not represented by an exclusive bargaining agent must agree to compensation for premium overtime in the form of pay or compensatory time off, at the option of the department head.

I certify that all of the statements made on this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that the information I have provided may be verified, and that failure to provide mandatory information and/or falsification of information may be grounds for disqualification or separation.

**Note:** If you apply electronically, your submission of your application will be considered as to represent your signature and you may be asked to sign a hard copy at a later day.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Human Resources Use Only**

( ) Referred ( ) Not Referred Screened by: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason for non-referral: ( ) No supplement ( ) Other: \_\_\_\_\_