

McKinney Carey, Inc.
Home and Community Base Service Program
 525 Dulles Ave. Bldg. B, Stafford, TX 77477
 Office: 281-265-2113 ◆ Fax: 281-265-2209

PERSONAL INFORMATION:

Name (Last Name, First Name): _____

Social Security Number: _____

Present Address: _____

Apt. No. _____

City _____

State _____

Zip _____

Are you at least 18 years of age?

Yes

No

Phone: (_____) _____

DESIRED EMPLOYMENT:

Position: _____

Date You Can Start

Desired Pay

_____/_____/_____

\$ _____

Are you employed now?

Yes

No

If so, may we contact your present employer?

Yes

No

Have you ever applied to this company before?

Yes

No

If so, where? _____

when? _____

Have you ever worked for this company before?

Yes

No

If so, where? _____

when? _____

Reason for leaving _____

Name of Supervisor at this company: _____

Who referred you to this company? Employment Service Friend _____

Newspaper

State Employment Office

Walk-In

Other _____

EDUCATION:

School Name/ Location: _____

Graduate (Y / N) _____

Subject Studied: _____

Trade, Business, or Correspondence School _____

Special Training / Skills _____

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FORMER EMPLOYERS:

List Below Three Employers Starting with The Most Recent

Name of Present or Last Employer

Address

Start Date ___/___/___ Leaving Date ___/___/___ Job Title: _____

Description of Job Duties:

May We Contact Your Supervisor? Yes No

Name of Supervisor: _____ Title: _____ Phone: _____

Reason for Leaving:

Name of Present or Last Employer

Address

Start Date ___/___/___ Leaving Date ___/___/___ Job Title: _____

Description of Job Duties:

May We Contact Your Supervisor? Yes No

Name of Supervisor: _____ Title: _____ Phone: _____

Reason for Leaving:

Name of Present or Last Employer

Address

Start Date ___/___/___ Leaving Date ___/___/___ Job Title: _____

Description of Job Duties:

May We Contact Your Supervisor? Yes No

Name of Supervisor: _____ Title: _____ Phone: _____

Reason for Leaving:

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Applicant Name: _____ Male Female

Address: _____

City, State, & Zip Code: _____

Home Phone: (_____) _____ Social Security Number: _____

Can You Legally Work in The United States? Yes No

In Case of An Emergency, Notify:

Name: _____ Phone (_____) _____

I certify that the facts in this questionnaire are true and correct to the best of my knowledge and understand that falsified statements on this questionnaire shall be grounds for dismissal.

I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and/ or salary, be terminated at any time without prior notice. I also understand that should the leasing agreement between McKinney Carey, Inc. the client to whom I am assigned be terminated, my employment with McKinney Carey, Inc. is terminated.

Applicant Signature: _____ Date: _____

EMPLOYER ONLY

Position: _____ Hire Date: _____

Rate of Pay: _____ Frequency: _____

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MILITARY RECORD

Branch of Service

Discharge Date/Rank

Please Briefly Describe Your Military Duties: _____

OTHER

Have you been convicted of a felony within the last 5 years? Yes No

If yes, explain (will not necessarily exclude you from consideration) :

AUTHORIZATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained in this application and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise. I hereby release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company can enter into a written employment contract with an application, except for the company director.

I agree and contract that any and all claims, disputes, or controversies whether based in contract, Quasi contract, Tort offenses, Quasi-offenses or otherwise, arising out of or in any way relating to this application for employment, whether based on constitution, statutes, code(s), and / or common law of the United States or of any state including the arbitrability of any claim, dispute, or controversy shall be exclusively settled by binding arbitration conducted under the arbitration rules of and before an arbitration tribunal of the National Association For Dispute Resolution, Inc. all claims of any rights to the contrary including right to trial by jury, being hereby expressly waived.

Signature: _____ Date: _____

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

I, _____ have been notified that a computerized criminal
APPLICANT NAME (Please print)

history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me

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

Signature of Applicant or Employee

Date

McKinney Carey Inc.

Agency Name (Please print)

Patricia Duncan

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Hired _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	