

PLEASE READ
INSTRUCTIONS FOR FILLING OUT ALL APPLICATIONS

1. All of our positions require that you have a **valid Texas driver's license and proof of your education (high school diploma, GED, or official high school transcript). A watch with a second hand.**
2. You will be asked to provide your driver's license, social security card, and proof of education when you turn in your application. Applications will be on hold until all documents are received.
3. Complete all attached documents in **BLUE INK**.
4. Be sure to fill in each area of the application and to sign/date it.
5. If a question does not pertain to you, please enter N / A (non-applicable).
6. If you are applying for a professional or licensed position, you must provide a copy of your license, degree, certification, or an official college transcript.
7. If you are being seriously considered for employment, Advo Companies, Inc. will conduct pre-employment background clearances. This includes a criminal history check and the Employee Misconduct Registry.
8. Resumes will be accepted for whatever additional information they contain; however, they will not be accepted in place of a completed application.
9. Incomplete applications and those with no documentation will not be considered.
10. After your application has been submitted you will be called for an interview, provided that you have met the qualifications for the job.
11. Thank you for your interest in Advo Companies, Inc.

Referred By: _____

APPLICATION FOR EMPLOYMENT
ADVO COMPANIES, INC.
5241 S. WASHINGTON
AMARILLO, TEXAS 79110
806-342-0600

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER

Print in BLUE INK or TYPE. These instructions must be followed exactly. Fill out the Application form completely, if questions are NOT applicable, enter "NA". Do NOT leave questions blank. Resumes will be accepted for whatever additional information they contain, but in place of a completed application. Be sure to sign the application when it is completed.

NAME _____ SOCIAL SECURITY NO. _____ - _____ - _____
(LAST) (FIRST) (MIDDLE)

ADDRESS (Current) _____ (_____) _____ - _____
(STREET) (CITY) (STATE) (ZIP) (PHONE)

(Permanent) _____ (_____) _____ - _____
(STREET) (CITY) (STATE) (ZIP) (PHONE)

Type of position desired _____

Full time ___ Part time ___ Seasonal ___ Date available for work _____

Have you ever been convicted by Federal, State or any other Law Enforcement authorities for any violation of any Federal, State, or County or Municipal Law, regulation or ordinance? Do NOT include anything that happened before your 14th birthday.

NO ___ YES ___ If yes, describe _____

Have you ever been convicted, or pled guilty or no contest to a felony offence? NO ___ YES ___ If yes, please explain _____

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

EXPLAIN: _____

EDUCATION: Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12. Do you have a High School Diploma? YES ___ NO ___ If you do NOT have a diploma, do you have a GED? YES ___ NO ___

(Note: Transcripts may be required for verification of education)

Type of School	Name and Location of School	Dates Attended		Number of Sem. Hrs. Completed	Graduated Yes / No	Type of Diploma or Degree	Major Field of Study
		From M/Y	To M/Y				
College Or University							

Current Licenses/Certifications/Registrations (indicate types and dates received): _____

Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use, such as adding machines, dictation equipment, printing or graphics equipment, data processing equipment, etc.: _____

Approximant words/minute: Typing _____ Dictation _____

Military Service: (Active Duty) Branch _____ Dates: From _____ To _____

(Reserves) Branch _____ Dates: From _____ To _____

Are you a citizen of the United States or legally authorized to work here? Yes ___ No ___

Employment Record: Please indicate at least the last 10 years of employment. Start with present or most recent position and work back, include any Military service. Use additional sheets, if necessary. **LIST ALL EMPLOYMENT**

1. Employer: Mailing Address: City and State: Phone :	Type of Business:	Full time____ Part time____ Seasonal____	Present or Last Title:
Starting Date: M/Y	Leaving Date: M/Y	Ending Salary:	Ending Position Title:

Immediate Supervisor: _____

Briefly describe your duties and responsibilities: _____

Explain reason for leaving: _____

2. Employer: Mailing Address: City and State: Phone :	Type of Business:	Full time____ Part time____ Seasonal____	Present or Last Title:
Starting Date: M/Y	Leaving Date: M/Y	Ending Salary:	Ending Position Title:

Immediate Supervisor: _____

Briefly describe your duties and responsibilities: _____

Explain reason for leaving: _____

3.Employer: Mailing Address: City and State: Phone :	Type of Business:	Full time ____ Part time ____ Seasonal ____	Present or Last Title:
Starting Date: M/Y	Leaving Date: M/Y	Ending Salary:	Ending Position Title:

Immediate Supervisor: _____
Briefly describe your duties and responsibilities: _____

Explain reason for leaving: _____

4.Employer: Mailing Address: City and State: Phone :	Type of Business:	Full time ____ Part time ____ Seasonal ____	Present or Last Title:
Starting Date: M/Y	Leaving Date: M/Y	Ending Salary:	Ending Position Title:

Immediate Supervisor: _____
Briefly describe your duties and responsibilities: _____

Explain reason for leaving: _____

Volunteer Experience

Hours

Have you ever been employed by ADVOCOM Companies Inc? Yes___ No___ If Yes, when_____

Do you have any relatives working for ADVOCOM Companies, Inc.? Yes___ No___ If Yes, list name, relationship, and place employed:_____

Have you ever been discharged or asked to resign by any company because of unsatisfactory conduct or performance of duties?

Yes___ No___ If Yes, Explain:_____

Are you at least 18 years old? Yes___ No___ Are you willing to work overtime when needed? Yes___ No___

Can you work Day Shift___ Evening Shift___ Mid/Night Shift___ Days you can work: Mon___ Tue___ Wed___ Thurs___ Fri___

Sat___ Sun___ Anytime___ Are you willing to work Holidays when needed? Yes___ No___ Can you be at work on time?

Yes___ No___

Are you currently on layoff or leave from another company? Yes___ No___ Are you currently working part time___ or full time___

How do you intend to get back and forth to work? _____

Please list three Personal references that are not immediately related to you.

NAME

PHONE

NAME

PHONE

NAME

PHONE

I hear by certify that the foregoing statements, as well as those on the attachment(s) to this form, are to the best of my knowledge and are true and correct and that they are given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment in the positions for which considered. I understand that if employed, I will serve an initial probationary period during which I may be separated from employment as unsuited to the assigned position.

YOU MAY CONTACT:

Present Employer Yes___ No___

Former Employer Yes___ No___

APPLICANT'S SIGNATURE

DATE

In an effort to better serve and protect facility residents and consumers, the 76th Legislature passed Senate Bill #967 creating the Employee Misconduct Registry (EMR), as reference in Chapter 253, of the Health and Safety code. DHS- regulated facilities are required to check the Employee Misconduct Registry and Nurse Aide Registry before hiring an individual to determine if the person is listed on either registry as having committed an act of abuses, neglect, exploitation, or misappropriation against a resident or consumer and is therefore, unemployable.

I have read the above paragraph and I give my authorization to ADVOCOM Companies to check the Employee Misconduct Registry. I understand that if my name is found on the Registry, that the company cannot consider me for employment because of Senate Bill # 967.

APPLICANT'S SIGNATURE

DATE

PRINTED NAME

DATE

CONSENT FORM FOR DRUG TESTING

APPLICANT/EMPLOYEE NAME OR NUMBER (PRINT) _____

SOCIAL SECURITY NUMBER _____

TYPE OF TEST: PRE-EMPLOYMENT ___ RANDOM ___ OTHER ___

I hereby consent to have a specimen of my urine and / or blood taken, and I understand that it will be used for a drug analysis. The results of the tests on my specimen will then be made available to ADVO Companies, Inc. for employment evaluation only.

APPLICANT / EMPLOYEE SIGNATURE

DATE

DISCLOSURE OF AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

As part of our hiring background check, ADVO Companies, Inc. will perform an investigative consumer report prior to making a job offer to an applicant. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history and it may also include, but not be limited to, criminal history reports and driving history records.

Before ADVO Companies, Inc. can seek such reports, we must have your written permission to obtain the information.

I HEREBY GIVE MY PERMISSION AND AUTHORIZE THE RELEASE OF THIS INFORMATION TO ADVO COMPANIES, INC.

SIGNATURE

DATE

PRINTED NAME

DATE

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

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

Agency Name (Please print)

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: _____

Empl ___ Vol/Contractor ___ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files

