



THANK YOU for your interest in employment!

FOR YOUR CONVENIENCE

Application and required documents can be dropped off, e-mailed or faxed to:

HR@brookhavenyouthranch.org

FAX:(254) 829-1469

5467 Rogers Hill Rd.

West, TX 76691

Employment Questions? Call (254) 829-1893

REQUIREMENTS to process application:

- At least 25 years of age**
- Copy of VALID Texas Driver's License**
- Copy of Social Security Card**
- Copy of High School Diploma or GED**

(Will accept Official High School Transcript showing graduation date if Diploma is unavailable.)



BROOKHAVEN YOUTH RANCH

Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, political belief, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

APPLICANT INFORMATION			
PLEASE CLEARLY PRINT			
VALID E-MAIL ADDRESS:			
Last Name	First	Middle Name	
List any other name (s) used (maiden or alias name)			
Street Address		COUNTY	
City	State	ZIP	
Home Phone		Cell Phone	
Date of Birth:	Social Security No.	Driver's License No. & State	
Position(s) Applied for: <input type="checkbox"/> Full Time (40 Hrs/Week) <input type="checkbox"/> Part Time (Less than 30 Hrs/Week)			
Are you willing to work any shift?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, Preferred shift
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 filed an application here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been *arrested* ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, for what?
Have you ever been *charged* or *convicted* of a misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been *charged* or *convicted* of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been *charged* or *convicted* of any crimes against a child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Are you currently charged with a felony or misdemeanor classified as an offense against the person, family, public indecency, or any violation of the Texas Controlled Substance Act?			
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
If yes to any of the above, please briefly describe the circumstances of your current charges or conviction. Please include the date, nature and place of the offense and the disposition of the case. *USE BACK OF THIS PAGE IF MORE SPACE IS NEEDED**			
In accordance with the Department of Family and Protective Services Standards, we are required to conduct a criminal record check on perspective employees at facilities where students are located prior to hiring to determine whether they have committed acts, which might have a specific relationship to their job performance. To comply with this request, please furnish the following information:			
HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____			
STATE OF BIRTH: _____ RACE: W B H Other: _____ GENDER: M F <div style="text-align: center; font-size: small;">(circle one)</div>			
List all other cities in Texas where there has been residency:			
Have you resided out of the state of Texas in the last 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/> *If yes, please list state(s).			

EDUCATION It is **REQUIRED** that you furnish a copy of high school diploma / GED upon employment.

High School Address

From To Did you graduate? YES NO Degree

College Address

From To Did you graduate? YES NO Degree

Other Address

From To Did you graduate? YES NO Degree

REFERENCES Please list three references **NOT RELATED** to you and who are **NOT PREVIOUS EMPLOYERS**. We are **required** by the state to get 3 written references. Be sure to give **COMPLETE ADDRESSES**.

Full Name Relationship

Address Phone ()

City State Zip Code

Full Name Relationship

Address Phone ()

City State Zip Code

Full Name Relationship

Address Phone ()

City State Zip Code

EMPLOYMENT HISTORY ***IF YOU HAVE A RESUME, YOU MAY ATTACH IT RATHER THAN WRITING YOUR EMPLOYMENT HISTORY.** Start with your present or last job. Include military service assignments. List **ALL** employment for the previous **10 years**. ****CONTINUED ON NEXT PAGE, IF YOU NEED MORE SPACE****

If you are presently employed, may we contact your employer for a reference? YES NO

Company Phone ()

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

Company Phone ()

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

Company Phone ()

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

EMPLOYMENT HISTORY CONTINUED

Company					Phone ()	
Address					Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From	To	Reason for Leaving				
Company					Phone ()	
Address					Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From	To	Reason for Leaving				
Company					Phone ()	
Address					Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From	To	Reason for Leaving				
Company					Phone ()	
Address					Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From	To	Reason for Leaving				
Company					Phone ()	
Address					Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From	To	Reason for Leaving				

MILITARY SERVICE

Branch From To

Rank at Discharge Type of Discharge

If other than honorable, explain

IMPORTANT INFORMATION REGARDING APPLICATION PROCESS AND REQUIREMENTS

- VALID EMAIL ADDRESS IS REQUIRED.
- A COPY OF VALID DRIVER'S LICENSE, SOCIAL SECURITY CARD, AND HS DIPLOMA/GED IS REQUIRED TO PROCESS APPLICATION.
- Applicant will receive email correspondence from CBCU, HHSC, and/or TDFPS regarding steps to take and the results of the background check. Applicant will also receive emails from Brookhaven during this process.
- ALL APPLICANTS should remain in contact with the **ADMINISTRATION OFFICE** at Brookhaven regarding information they receive via email regarding their background check.
- When Hired the following applies:
- FULL TIME Employees- should contact the **ADMINISTRATION OFFICE** at Brookhaven to obtain a coupon code for payment **PRIOR** to setting up fingerprinting.
- PART TIME Employees are responsible for paying for their fingerprinting services and TB Testing.
- TB Test and Drug Screen Paperwork will be emailed to the Employee after fingerprint results are received for completion of these services.
- Employee **MUST** return the TB Test WITH RESULTS to Brookhaven to receive a First Date of Employment.

_____ (Initials) Current TB Test **REQUIRED** to work at Brookhaven (within the last 30 days). If you do not have this, you must obtain this before you can begin employment. Part time Employees are responsible for payment for TB Testing.

_____ (Initials) As a courtesy, Brookhaven will pay for fingerprinting, Drug Screening and TB Testing for FULL TIME employees as long as they maintain 90 days of FULL TIME employment. Should employment be terminated, the employee quits, or the employee steps down to Part Time, the cost for these services will be deducted from the employee's final paycheck.

_____ (Initials) Drug Testing will be conducted on ALL new hires. Any type of attempt to manipulate the drug test is considered a "dirty" test and will result in the potential new hire not being hired. Brookhaven will pay for the Rapid Screen Drug Test. If you want a second drug test, you will be responsible for payment of the second test.

DISCLAIMER AND SIGNATURE

_____ (Initials) I certify that my answers are true and complete to the best of my knowledge.

_____ (Initials) I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

_____ (Initials) I have read and understand the statement concerning fingerprinting and drug testing.

_____ (Initials) In the event of employment, I understand that false or misleading information given in my application or my interview may result in discharge. I understand that I am required to abide by all rules and regulations of Brookhaven Youth Ranch. I also understand that I may have to work different shifts. I understand that if I am employed by Brookhaven Youth Ranch, I must maintain a clear criminal history check during my tenure to remain employed at Brookhaven Youth Ranch. Criminal History checks are conducted as required by licensing. If at any time I receive a bad Criminal History check, my employment with Brookhaven may be terminated.

Attach a copy of your CURRENT Driver's License, Social Security Card, and High School Diploma or GED to this application. WE MUST HAVE THIS TO COMPLETE THE CRIMINAL HISTORY CHECK.

Signature Date

How did you learn about Brookhaven?
If from Texas Workforce/Work In Texas, please indicate TWC here.

Were you referred by one of our employees? YES NO If yes, who?

EMERGENCY CONTACT #1
(PLEASE PRINT NAME AND PHONE #)
In the event you required emergency treatment, became ill, or injured on the job, who may we contact to notify them?

EMERGENCY CONTACT #2
(PLEASE PRINT NAME AND PHONE #)
In the event you required emergency treatment, became ill, or injured on the job, who may we contact to notify them?



5467 Rogers Hill Rd.
West, TX 76691
www.brookhavenyouthranch.org
254-829-1893
FAX 254-829-1469

AUTHORIZATION TO VERIFY DRIVER'S LICENSE

In order to drive Brookhaven Youth Ranch vehicles, I understand that I must possess a current **VALID** Texas Driver's License. Brookhaven Youth Ranch will verify this information by visiting TXDPS's secure website, www.dps.texas.gov. My Driver's license, date of birth and last four digits of my social security number are required and will be entered. I also understand that Brookhaven will periodically verify this information during my employment for ranch vehicle insurance purposes. In the event my license becomes invalid, I understand that I am subject to suspension and/or termination.

DL# _____

Date of Birth: _____

Last four digits of Social Security # _____

I _____ authorize Brookhaven Youth Ranch to verify my Driver's License status through Texas Department of Public Safety's secure online website.

Employee Signature

Date

Witness Signature

Date