



DATE _____

BRIDGE STEPS
1818 CORSICANA STREET-DALLAS, TX 75201
PHONE: 214-670-1140 * FAX: 214-243-2025

APPLICATION FOR EMPLOYMENT

Bridge Steps maintains a policy of non-discrimination for all employees and applicants in every facet of the organization's operations. In compliance with federal and state laws, Bridge Steps hires, trains, and promotes all qualified employees without discrimination on the basis of race, color, sex, age, religious creed, marital status, sexual identity and/or preference, citizenship, national origin, physical or developmental handicap. This policy also applies to disabled veterans and veterans of the Vietnam Era.

Receipt of this application does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Instructions: Please print and complete all questions. Include any supplemental information that you feel would be helpful in our consideration of your qualifications. If you need additional space for your responses below, attach additional sheets.

APPLICANT IDENTIFICATION

Name:	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:	City	State:	Zip:
Home Phone Number	Cell Phone Number:		
Email Address:			
How were you referred to Bridge Steps: <input type="checkbox"/> MDHADALLAS.ORG WEBSITE <input type="checkbox"/> CENTER FOR NONPROFIT MANAGEMENT (CNM) <input type="checkbox"/> CRAIGSLIST.ORG <input type="checkbox"/> EMPLOYEE REFERRAL (PLEASE SPECIFY EMPLOYEE) _____ <input type="checkbox"/> JOB FAIR (PLEASE SPECIFY LOCATION) _____ <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____			
If hired, can you furnish proof that you are either a U.S. citizen, or otherwise legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TYPE OF EMPLOYMENT DESIRED

Position Applied For:	
Date you can begin work:	Desired Salary:
Applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On Call <input type="checkbox"/> Internship	
Preferred Shift: <input type="checkbox"/> 1 st Shift (8am-5pm) <input type="checkbox"/> 2 nd Shift (4pm-1am) <input type="checkbox"/> 3 rd Shift (12am-9am) <input type="checkbox"/> On-Call (called in when needed)	

ADDITIONAL INFORMATION

Have you ever been employed by Bridge Steps? <input type="checkbox"/> Yes <input type="checkbox"/> No	Give Dates:
Do you have any relatives employed by Bridge Steps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list: _____ _____	
Have you ever plead guilty to or been convicted of any criminal offense, other than minor traffic citations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide information on criminal offense, date, location (city and state) and disposition _____ _____ _____	

Have you ever had a criminal charge dismissed following probation, community service, counseling or the completion of other conditions set by a court (deferred adjudication or pretrial diversion)? ☐ Yes ☐ No
If yes, provide information on criminal offense, date, location (city and state)

Commission of a crime will not be an automatic bar to consideration for employment; however, applicants of certain criminal offenses may be ineligible for employment under applicable Texas law.

Education: Your education record will be considered only to the extent that it is relevant to the job sought.

	Names/Location of Schools	Number of Years Completed	Last Grade/Degree Completed	Major Subjects
High School				
College				
Graduate School				
Other				

Employment Background: Please print and list every position that you have held for the past ten (10) years starting with your present or most recent position. (Account for all periods of unemployment). If you require additional space to detail your employment history, please use a separate sheet of paper.

Company Name:	Dates of Employment		
	From:	To:	
Address:	City	State	Zip
Telephone Number:	May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Immediate Supervisor:	<input type="checkbox"/> Hourly Rate \$ _____ or <input type="checkbox"/> Salary \$ _____		
Job position and duties:			
<hr/> <hr/> <hr/> <hr/>			
Reason(s) for leaving or seeking other employment:			

Company Name:	Dates of Employment		
	From:	To:	
Address:	City	State	Zip
Telephone Number:	May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Immediate Supervisor:	<input type="checkbox"/> Hourly Rate \$ _____ or <input type="checkbox"/> Salary \$ _____		
Job position and duties:			
<hr/> <hr/> <hr/> <hr/>			
Reason(s) for leaving or seeking other employment:			

Company Name:	Dates of Employment		
	From:	To:	
Address:	City	State	Zip
Telephone Number:	May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Immediate Supervisor:	<input type="checkbox"/> Hourly Rate \$ _____ or <input type="checkbox"/> Salary \$ _____		
Job position and duties:			
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Reason(s) for leaving or seeking other employment:			

Comments regarding periods of unemployment

Comments and Accomplishments: Explain below, or on another sheet, your primary area of specialization. If applying for administrative, management, or technical positions, outline all programs designed or implemented. Note any other details, which should be considered in reviewing your qualifications, including professional affiliations, honors and awards, theses, publications, patents, etc. (You may exclude professional affiliations, which may suggest the race, religious creed, sex, marital status, age, color, national origin, or physical handicap of its members.

Professional or Character References: List individuals who can attest to your professional abilities, work accomplishments and/or personal character. (Do not include relatives or close friends unless you worked directly with them and/or they have a unique familiarity.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relationship to you</u>

PLEASE READ CAREFULLY AND SIGN BELOW-I understand and agree that:

- A thorough pre-employment screening process will be conducted and any offer of employment, if made, will be contingent upon a satisfactory screening which could include a Criminal Background check, Reference Checks, Employment Verification, and other assessment and screening tools.
- This application is not a contract and that acceptance of employment, if made, is not a contract of employment for a specified term. I understand and agree that I may resign my employment with MDHA at any time for any reason, and that my employment may be terminated at the will of MDHA at any time for any reason. I also understand and agree that any handbooks, manuals, policies, and procedures maintained by MDHA are not contractual in nature and may be amended or abolished at the sole discretion of MDHA at any time.
- Should I become an employee of MDHA, I will adhere to MDHA Policies and Standards of Conduct, will report all suspected violations of law related thereto, and will conduct the organization's business in a strictly ethical and legal manner.
- Should I become an employee of MDHA, I will abide by the terms of MDHA's Drug Abuse Policy and related management instructions.
- Pursuant to the Immigration Reform and Control Act, MDHA will employ only those individuals who are eligible to work in the United States. Accordingly, upon hiring, all new employees will be required to demonstrate their eligibility to work in the United States. Failure to do so will result in termination or revocation of the offer of employment.

I certify that I have read, understand and will adhere to the aforementioned statements. I also certify that the information furnished in this application and any supporting documents is true and complete to the best of my knowledge and belief and I understand that any misrepresentation or omission of material fact on this or any other record submitted pertinent to employment may result in immediate dismissal.

Signature of Applicant: _____

Date: _____

Investigation Consent Form

I understand and acknowledge that an investigative consumer report may be obtained for employment purposes. I authorize the company I have made application with, or its designated agent, to conduct pre-employment or other employment related inquiries after I am hired (to the extent allowed by law) and authorize any past or present employer, or other business, governmental agency or individual contacted to supply the requested information and documents concerning me and to provide full and complete disclosure. I understand that all pre-employment screening activities are conducted in compliance with ADA, EEOC and the Fair Credit Reporting Act requirements. I release from liability the company I have made application with, and its representatives for gathering and using such information. I fully release the person or entity providing the information of any right or claim of confidentiality concerning disclosure of the information requested below or any and all claims, actions, or causes of action which may arise as a consequence of the release of such information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information or any other public records (such as driving records, liens, judgments, and sex offender status); (3) Credit reports, academic achievement, professional licensure, bankruptcy filings; (4) Previous incidents of alleged sexual or racial harassment; (5) Previous incidents of violent behavior and/or suspected dishonest acts; (6) Eligibility for rehire and circumstances of previous separations from employment; (7) Social Security Number verification; and (8) information concerning any or all worker's compensation claims if a conditional offer of employment has been made. I request that any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries.

Signature

Date

APPLICANT INFORMATION:

Last Name

First Name

Middle Initial

Maiden Name

Home Address

City

State

Zip Code

Former Address

City

State

Zip Code

Social Security Number

Date of Birth

Drivers License Number

State License Issued

Human Resources: 214-670-1140 Fax: 214-243-2025

Substance Abuse and Drug Testing Policy Acknowledgement

I _____, have read the Substance Abuse and Drug Testing Policy as presented to me and any questions which I may have had, have been answered. I, therefore, fully understand its meaning and requirements and hereby agree to comply with it at all times during the interview process, and should I become an employee _____ during my employment.

Signature

Date



Bridge Steps

Applicant Self-Identification Form

Completion of this form is **VOLUNTARY**.

The Equal Employment Opportunity Commission (EEOC) required Bridge Steps to report on employee race and gender categories. Bridge Steps is attempting to collect information from its applicants as required by the EEOC for Affirmative Action purposes. Results will be used for research and statistical purposes only regarding Affirmative Action and the EEOC. All results will be kept confidential. The information you provide will have no impact on your employment selection process with Bridge Steps. Your cooperation in completing this form accurately and completely will be appreciated. This form is not retained in any employee file.

Name _____ Today's Date _____

Applying For _____

1. **Gender** ☐ Male ☐ Female

2. **PLEASE MARK ONE OF THE FOLLOWING CATEGORIES** (Defined by government terms):

☐ **Black of African American (not Hispanic or Latino)**

All persons having origins in any of the Black racial groups of Africa

☐ **Hispanic or Latino**

All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture regardless of race.

☐ **Asian (not Hispanic or Latino)**

All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)**

All persons have origins in any of the original islands of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **American Indian and Alaskan Native (not Hispanic or Latino)**

All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition. Meets Bureau of Indian Affairs definitions standards.

☐ **White (not Hispanic or Latino)**

All persons having origins in any of the original peoples of Europe, North Africa, the Middle East or not covered above.

☐ **Two or More Races**