# Merced Housing Texas APPLICATION FOR EMPLOYMENT

Merced Housing Texas is an Equal Opportunity Employer and complies with federal and state laws which prohibit discrimination and employment practices because of race, color, religion, sex, age, national origin or disability. The questions on this application are not intended to identify or exclude any applicant for employment because of these conditions. Merced Housing Texas also prohibits harassment in the workplace.

PERSONAL INFORMATION:		DATE:				
NAME:	Last	First	Middle			
PRESENT ADDR	ESS: Street/Route/P.O. I	Box	City, State	e, Zip Code		
		Last 4 digits of Social Security number:				
Are you at least 18	B years old? Yes ( ) No ( ):	Email address:				
Are you authorize	d to work in the United States?	Yes ( ) No ( )				
EMPLOYMEN	T DESIRED:					
POSITION:		DATE AVAILABLE:	SALARY E: DESIRED: -			
Are you currently	employed? Yes ( ) No ( )	May we contact you	ur employer? Yes ( )	No ( )		
Have you ever app	olied to the Merced Housing Texas	before? Yes ( ) No (	)			
Are you related to	anyone who works for this agency	or serves on the Board of	Directors? Yes ( )	No ( )		
If yes, to whom? _						
You were referred	to us by?					
EDUCATION/S	SKILLS:					
Education	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied		
High School/GE	D					
College						
Graduate School	I					
Trade, Business Correspondence	or School:					

EMPLOYMENT HISTORY: (List all jobs held in the la most recent. Ask for the Additional Employment Form if more	
Current or last employer:	
Name:	Phone:
Address:	From:/To://
Supervisor:	<u> </u>
Position & Duties:	
Reason for Leaving:	
Next Previous Employer:	
Name:	Phone:
Address:	From://To://
Supervisor:	
Position & Duties:	
Reason for Leaving:	
Next Previous Employer:	
Name:	Phone:
Address:	
Supervisor:	
Position & Duties:	
Reason for Leaving:	
Next Previous Employer:	
Name:	Phone:
Address:	
Supervisor:	
Position & Duties:	
Applicant name	2 Revised 4/4/2024

Have you ever been disci		YES() NO()	IF YES, Please state the employer
court-ordered communit	ty supervision for any crimina O ( ) IF YES, provide comp	l offense (felonies or n	iversion, deferred adjudication or nisdemeanors) other than traffic ading criminal offense, current
· ·	NO ( ) IF YES, provide co		ion or court ordered community icluding criminal offense, current
			n you have known at least one year)
NAME	COMPLETE ADDRESS/TELEPHONI	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			
PROFESSIONAL LIC have or have had.): License/Certification	CENSE AND OR CERTIFI  State Issuing Number	CATIONS: (Please li  Date Issued	ist all applicable licenses which you  Date Expires
Have you ever had a lice write none.	nse or certification suspended	, revoked, or not rene	wed? If yes, explain in detail. If no,
	ENCY, NOTIFY:	NAME	
ADDRESS:		PHON	E NO.:
Applicant name		3	Revised 4/4/2024

## Applicant Verification

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for my last ten (10) years of work experiences and any relevant training on this application, and that I have not withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. <i>Application Initials</i> :
Merced Housing Texas is hereby authorized to make any investigation of my employer, education, credit or criminal history through any investigation agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.
If employed by Merced Housing Texas, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal. I authorize any inquiry to be made on any information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling changes as directed by my supervisor.
I understand that if hire, I will be required to complete a Federal I-9 form and provide documents verifying my identity and right to work in the United States.
I further understand that this is an application for employment and that no employment contract, either express or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions benefits and operating policies.
DATE OF APPLICATION: SIGNATURE:

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### Authorization To Obtain Background Check

#### Copy A – Company Copy

**Note**: In order to conduct a background check, you must first provide applicant with the Disclosure Of Intent To Obtain Background Check to sign prior to having the applicant complete and sign this Authorization To Obtain Background Check.

Applicant Information (Print Clearly)								
Client Company Name (Legal Name)								
<b>Note</b> : Provide your full name as shown on your driver's license. This information is requested by Insperity Employment Screening to ensure the correct information is obtained from the related courts and agencies. <b>Minnesota applicants: Do not provide your date of birth unless you have received a conditional offer of employment.</b>								
First Name		Middle Nan				Social Security Number		
Other Names(s) Used	Names(s) Used Date of Birth (mr			Birth (mm/dd/yyyy)	Driver's Lice	se Number Driver's License St		Driver's License State
Current Mailing Address				County				
City				State		ZIP Code		
Authorization								
Consistent with the written disclosure and Summary of Your Rights Under the Fair Credit Reporting Act provided to me, I consent to and authorize the procurement of a consumer and/or investigative consumer report ("Report") by Insperity* and the Client Company listed above, or any Client Company to which I may subsequently apply in the next 90 days as part of the pre-employment background investigation and if hired, at any time during my employment. Reports may include driving records, criminal records, education and employment verification, verification of professional licenses and/or certifications, and information from references. If I am seeking employment in a corporate position with Insperity, I also authorize Insperity to share the Report and/or the results of such Report with any customer to whom I may be assigned. Reports will be obtained from Insperity Employment Screening, 19001 Crescent Springs Dr. Kingwood, TX 77339, 800-364-7770. Internet address: insperity.com/services/employment-screening. Insperity Employment Screening's privacy-notice is located at insperity.com/privacy-notice. Certain checks, including education and employment verifications and/or reference checks, may be conducted by third parties. I consent to responsive information being released to ClearStar and iCover.								
Applicant Signature Date Signed (mm/dd/yy					ed (mm/dd/yyyy)			
Parent/Guardian Signature if Applicant is a Minor (under age of 18)					Date Signed (mm/dd/yyyy)			
Arkansas, California,				lar mail of any consume	r or investigat	ive consum	er report	obtained, please
Minnesota and		by checking						
Oklahoma Applicants Only	To receive that report via email, please provide your email address:							
	For CA applicants, a summary of the consumer rights provisions of California Civil Code Section 1786.22 is provided herewith.							
Minnesota Applicants Only	You may make a written request to the consumer reporting agency for information on the nature and scope of a consumer report prepared.							
Massachusetts and New Jersey Applicants Only	You have the right to have a copy of the investigative consumer report upon request.							
New York Applicants Only	By checking this box, I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.  Upon your request, you will be informed whether or not a consumer or investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You further understand that you may review and receive a copy of any report by contacting the consumer reporting agency.							
Washington (DC) Applicants Only	You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.							
Oregon, Philadelphia, Vermont and			By checking this box, I understand and acknowledge that Insperity and/or Client Company will not obtain information about my credit worthiness, credit standing, or credit capacity unless the information is substantially job-related and the reasons for using the information are disclosed to me in writing, or the information is required by law.					

Insperity refers to any of the Insperity entities, including its subsidiaries.

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