



a program of Therapeutic Communities, LLC

Thank you for your interest in employment at LiveOak Living Community, *a program of Therapeutic Communities, LLC*. We provide an upward staff level system that allows employees to progress within the organization. The system provides direct relationship between increased responsibilities, exceptional work performance, promotions, and higher wages. Benefits for full-time employment includes flexible schedules, paid time off, health insurance, regular performance evaluations, direct deposit for paychecks and the opportunity to pursue various interests and hobbies that are appropriate for our residents.

Therapeutic Communities, LLC performs a comprehensive background check on all eligible applicants seeking employment, including criminal and driving history, staff misconduct registry and a drug screen. All applicants must have a clear driving record that allows insurability by the company.

All applicants must complete a pre-employment checklist and demonstrate the responsibility and competency to perform assigned job duties during the initial 60-90 day orientation work period. After successfully completing these requirements, the applicant will be considered for regular employment.

Attached you will find our applications and consent forms. Please take time to accurately complete and sign the forms and return by mail to: **PO Box 705, San Marcos, Texas 78667**. You may also include a resume, but it does not take the place of a completed application packet.

If you have not heard from us in a timely manner, please feel free to contact us at 512-371-1078 or email Laura Latham at LL@LiveOakLiving.com.

Sincerely,

Laura Latham
Human Resources Director

Please note that Texas is an Employment At Will state and employment with Therapeutic Communities, LLC should not be construed as a contract, or guarantee, of permanent full or part-time employment.

EMPLOYMENT HISTORY

List your last four (4) positions of employments, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
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Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

GENERAL – PLEASE CIRCLE

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A yes response does not automatically disqualify your application.)

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and/or consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

APPLICANT DISCLOSURE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name of address of the consumer-reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

I have read the above notice and understand what it means. I hereby authorize the procurement of a consumer report for employment purpose.

Social Security Number _____

Date of Birth _____

Print name exactly as stated on your Social Security card

Applicant Signature

Date

APPLICANT NOTICE OF DRUG TESTING

Because of Therapeutic Communities' safety concerns for all residents, employees and the general public, all final applicants who are given a conditional employment offer will be requested to submit to testing for the current illegal use of drugs as defined by the Therapeutic Communities' Substance Abuse Policy. The drug test will only be performed with the written consent of the final applicant. Applicants who decline to consent or submit to testing for the current illegal use of drugs, or who produce a "positive test result," will not be further considered for employment.

I acknowledge that I have read and understand this notice.

Print Name

Signature

Date

Employee Misconduct Registry
Rules and Regulations

ACKNOWLEDGEMENT

- I understand that if I am listed on the Employee Misconduct Registry or the Nurse Aid Registry, I may not be employed by Therapeutic Communities, LLC s' assisted living facilities.
- A copy of the Employee Misconduct Registry (EMR) Rules and Regulations, Title 40, Texas Administrative Code, Chapter 93, issued by Texas Department of Human Service is available to me upon request.

Employee Name – PRINT

Social Security Number

Employee Signature

Date

Registry Search Results

Registry Search 1-800-452-3934 Listed?

Employee Misconduct Registry No Yes

Nurse Aid Registry No Yes