



Miscellaneous Information

Are you aware of any reasons which would prevent you from consistently performing the specific duties necessary to do the job for which you have applied?

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Are you using any medication which would affect your ability to perform the specific duties necessary to the job for which you have applied?

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Would you be willing to take a physical or mental examination and/or drug test at Whispering Hills Achievement Center's expense or submit any particular test results to Whispering Hills Achievement Center?

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(Please complete/sign attached drug testing form and policies.)

How much time have you lost from work during the past twelve months?

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If you have lost more then 4 weeks, please explain:

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**Work References**

(Give complete record of business or employment for past ten years)

Employer	Phone #	Supervisor	From	To	Duties

What was the major reason for leaving last employment?  
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If presently employed, how much notice to present employer is necessary?  
\_\_\_\_\_

**Personal References**

(Do not use relatives, please use one former employer/supervisor.)

Name	Phone #	Business	Address

In your own words, please write a brief explanation of why you want to be employed by Whispering Hills Achievement Center:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing information is true and correct to the best of my knowledge, and I understand that any misrepresentation or willful omission of facts shall be cause for rejection of this application or termination of employment.

I hereby authorize Whispering Hills Achievement Center to conduct work history and personal reference checks to determine my acceptability for employment. I further agree to hold Whispering Hills Achievement Center and any former employer or personal reference I have provided, harmless concerning any information or the use of any information furnished by the reference.

Pursuant to Texas Education Code, Section 21.917, I hereby authorize Whispering Hills Achievement Center to obtain a Driver's License check and any criminal history record information pertaining to me from any law enforcement agency.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Whispering Hills Achievement Center  
Drug Testing Form and Policies**

New applicants must submit to a drug test prior to employment.

All employees/associates at the facility on a frequent or regular basis that have direct contact with clients will be subject to drug testing on a random basis when requested by the facility nurse.

I understand that random or under suspicion of cause, drug testing will be expected of all employees/associates as defined above at Whispering Hills Achievement Center.

The test that will be administered will detect elevated levels of cocaine, marijuana, amphetamine, methamphetamine, opiates, and PCP. If you are currently taking any medication, that might trigger a positive test, please notify the facility nurse before taking the test.

Name of Employee, Associate, or Applicant

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Signature \_\_\_\_\_ Date \_\_\_\_\_