Pegasus Schools Incorporated

"Takin' Care of Texas' Kids" Since 1990

TO: ALL NEW APPLICANTS

FROM: ADMINISTRATOR, PEGASUS SCHOOLS, INC.

RE: INFORMATION REQUIRED PRIOR TO EMPLOYMENT

As a prospective employee of Pegasus Schools, Inc., you must provide the following documents:

1. Valid driver's license or state ID, and Social Security card
2. High school diploma, GED, or college transcripts
3. Three references completed by unrelated individuals

The above items must be submitted before an applicant can be considered for hire.

Per the Texas Health and Human Services Commission (HHSC), you must be at least 21 years old to qualify for employment. All applicants are required to successfully complete all background checks required by the HHSC Centralized Background Check Unit (CBCU), including applicable criminal history, Central Registry, fingerprint-based, and SEMARC background checks. Employment is contingent upon receiving an acceptable background check determination and meeting all other applicable employment requirements.

Any correspondence you receive from HHSC/CBCU must be provided to the HR Director. The HR Director will assist with required background check steps, fingerprinting, and other pre-employment requirements, including the TB screening and drug screening, as applicable.

We appreciate your interest in joining Pegasus Schools, Inc. and look forward to reviewing your application.

Sincerely,

Eric DeHoyos, Administrator

HR Contact: Jessica Sedlachek (jessica@pegasusschool.net ; 512-432-1678)

896 Robin Ranch Rd. Lockhart, TX 78644
Central Office: 512-398-2518 Fax: 512-398-3518
Administration Office: 512-376-2101 Fax: 512-398-2731
Private Nonprofit 501c3 Residential Treatment Center
www.pegasusschool.net

Pegasus Schools, Inc.

Employment Application

Applicant Information

Full Name: _____ Date: _____
First Name *Last Name*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available: _____ Desired Salary: **$** _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

Referred By: _____

Education

High School: _____ Diploma: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐

College: _____ Degree: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐

Other: _____ Degree: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____

Job Title: _____ Salary $: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Job Title: _____ Salary $: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Job Title _____ Salary $: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Signature: _____ Date: _____

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EMPLOYMENT VERIFICATION

AUTHORIZATION RELEASE FORM

I hereby authorize you to submit/verify the following information to Pegasus Schools, Inc.

Print Name:_____ DOB: _____

Applicants Signature:_____ Date:_____

VERIFICATIONS BELOW TO BE COMPLETED BY EMPLOYER ONLY

==========

EMPLOYER, please complete/verify the following:

The above applicant has applied for the_____ position for Pegasus Schools, Inc. and has listed you on the application as a previous employer. Since Pegasus Schools, Inc. is licensed by Texas Health and Human Services Commission, we must conduct an extensive investigation into the applicants character and suitability for the position which he/she has applied.

Would you please complete the following questionnaire as soon as possible and return it to me? Your cooperation in this matter is most appreciated!

1. Dates of Employment:_____
2. Position(s) Held: _____
3. Reason for Leaving: _____
4. Eligible for re-hire?: _____
5. Please state any comments you feel would be helpful for us in considering the applicant for this position_____

   _____

Authorized by (EMPLOYER signature):_____

Title:_____ Date:_____

EMPLOYER, please fax this information to (512) 398-2760 or email a scanned copy to

Jessica.Sedlachek@pegasusschool.net . If you have any questions, please call (512) 432-1678

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TEXAS Health and Human Services

Form 2971
December 2022-E

Child Care Regulation

Request for Background Check

Use this form to request background checks required by 26 Texas Administrative Code (TAC) Chapter 745 Subchapter F. You can also submit background check requests through your Child Care Regulation Account website.

See the chart below for instructions based on operation type for submitting background check requests.

Operation Type:	Submit Background Check Requests:
• Licensed child care center • School-age program • Before- or after-school program • Licensed child care home • Registered home • Employer- based child care operation • Shelter operation • Residential care provider	through your online Child Care Regulation Account. **Exception**: use this form and submit it to CBCU if the person for whom you are submitting the background check does not have any of the following types of identification: • Social Security number; • driver's license number; • state-issued identification number; • Canadian social insurance number; • military identification card number; • passport number; or • permanent resident card identification number. **Note**: If you submit this form and the background check subject does not meet the exception above, CBCU staff will advise you to submit the background check through your online Child Care Regulation Account.
Listed family home	• through your online Child Care Regulation Account; or • submit this form to CBCU.

Submit this form to CBCU by:

- emailing to contactcbcu@hhs.texas.gov;
- faxing to 512-339-5871; or
- mailing to:

Texas Health and Human Services Commission
Centralized Background Check Unit
Mail Code 121-7
P.O. Box 149030
Austin, TX 78714-9030

Directions: Complete the following information for each person required to have a background check. Download additional forms from the HHS forms website **https://hhs.texas.gov/laws-regulations/forms**.

Operation Information

Operation Name	Operation No.	Operation Area Code and Phone No.
Pegasus Schools, Inc.	844396	512-432-1600

Operation Address *(Street, City, State, ZIP Code)*
896 Robin Ranch Rd. Lockhart, TX 78644

Operation Mailing Address *(Street, City, State, ZIP Code)*	County
P.O. Box 577 Lockhart, TX 78644	Caldwell

Verification Signatures

I verified (by reviewing the person's Social Security card or driver license) that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.

Jessica Sedlachek	Jessica Sedlachek	
Printed Name of Director, Owner or Operator	**Signature of Director, Owner or Operator**	**Date Signed**

Individual's Identifying Information

☑ Initial ☐ Renewal ☐ Fingerprint Check Required ☐ FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name

List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results.

Other First Names	Other Middle Names	Other Last Names

Address (Street, City, State, ZIP Code)

County	Area Code and Phone No.	Date of Birth	Gender: ◯ Male ◯ Female

List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.

Ethnicity *(must accompany race)*: ◯ Hispanic ◯ Non-Hispanic	Race ◯ Asian ◯ Black ◯ White ◯ Native Hawaiian/Pacific Islander ◯ American Indian/Alaskan Native	Social Security No.

Photo ID Type:

☐ Driver License No.: _____ State: _____ ☐ Canadian SIN: _____

☐ State ID: _____ ☐ Military ID: _____

☐ Passport: ☐ Permanent Resident Card:

Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

◯ Email: _____ ◯ Area Code and Phone No.: _____

Please enter the person's email address. Do **not** enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

☐ Adoptive Parent ☐ Contracted Service Provider ☐ Director ☐ Foster Parent ☐ Foster/Adoptive Parent
☐ Household Member ☐ Frequent/Regular Visitor ☐ Licensed Administrator ☐ Owner/Permit Holder
☐ Staff/Employee ☐ Unverified Respite Provider ☐ Volunteer

Job Duties/Title:

For Foster or Adoptive Homes Only:

Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

◯ Relative ◯ Fictive Kin ◯ Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio? ..... ◯ Yes ◯ No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

◯ 0 – 17 months ◯ 18 months – 2 years ◯ 3 years – 4 years ◯ 5 years – 13 years ◯ 14 years – 17 years
◯ Over 17 years ◯ N/A

TEXAS Health and Human Services

Form 2912
September 2023

Pre-Employment Affidavit for Applicants for Employment at Certain Child Care Operations

The following affidavit is offered to satisfy the requirement of Texas Human Resources Code Section 42.0563, in accordance with Texas Civil Practices and Remedies Code Section 132.001.

Texas Human Resources Code Section 42.0563 requires an applicant for a position of employment at a General Residential Operation, Licensed Child Care Center, School-Age Program, Before and After-School Program, Licensed Child Care Home, and Registered Child Care Home to complete and submit, to the employing entity, this pre-employment affidavit disclosing whether the applicant has ever been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

This affidavit should be completed by the applicant during the application process and does not require notarization. The applicant may attach additional documentation to this form to support that a **charge** the applicant lists below was determined to be **false** (e.g., copy of the associated police report, certified copy of a court document, or extra pages which list all relevant facts), but this form must be completed in its entirety.

I swear or affirm the following:

◯ I **have never** been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

◯ I **have been** charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The following are all relevant facts pertaining to the charge, adjudication, or conviction:

List all relevant facts for each **charge**, including whether the charge was determined to be **true** or **false**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the charge. If you do not have any charges, write **none**.

Charge:

The charge was determined to be: ◯ True ◯ False

Charge:

The charge was determined to be: ◯ True ◯ False

List all relevant facts for each **adjudication**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the adjudication. If you do not have any adjudications, write **none**.

List all relevant facts for each **conviction**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the conviction. If you do not have any convictions, write **none**.

Declaration of Applicant

I declare under penalty of perjury that the foregoing is true and correct. I understand that failure to disclose the information required by this affidavit is grounds for termination of employment.

Printed Name (First, Middle, Last):	Date of Birth:

Address (Street, City, State, Zip Code, Country):

_____
Signature

Signed on _____, in state of _____, County of _____.

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PEGASUS DISCLOSURE OF PREA EMPLOYMENT STANDARDS VIOLATION

In compliance the federal Prison Rape Elimination Act (PREA) standards relating to hiring and promotion decisions for juvenile facilities, the questions on this form must be asked of Pegasus applicants in written applications or during the interview process and of current Pegasus employees during the performance evaluation process.

1. Have you ever engaged in sexual abuse in prison, jail, lockup, a community confinement facility, juvenile facility or other institution? ☐ Yes ☐ No

Definition of Institution: Any facility or institution owned, operated, managed by, or provides services on behalf of any state or political subdivision of a state and which is:

- For persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped
- A jail, prison, or other correctional facility
- A pretrial detention facility
- For juveniles held awaiting trial, residing in such facility or institution for purposes of receiving care or treatment, or residing for any state purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is ***not*** an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in state custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or
- Providing skilled nursing, intermediate or long-term care, or custodial or residential care

2. Have you ever been convicted of engaging or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, of if the victim did not consent or was unable to consent or refuse? ☐ Yes ☐ No

3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in Question #2 above? ☐ Yes ☐ No

4. Have you ever been civilly or administratively adjudicated, disciplined or had any government-issued license revoked or suspended for having engaged in conduct defined as sexual harassment? ☐ Yes ☐ No

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Important Notice:

- If you answer yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for hire or continue employed employment with Pegasus.
- If you are hired or if you are a current Pegasus employee, you have a continuing affirmative duty to immediately disclose to Pegasus Human Resources any misconduct that would result in a "yes" answer to any of the above four questions.
- Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a "yes" answer to any of the above questions will be grounds for termination through the disciplinary process.

Distribution instructions if completed by internal or external applicant:

- If hired for the position, the original form is maintained in the employee's personnel file.
- If not hired for the position, the original form is maintained with the selection and hiring packet.
- Copy of the form is provided to internal/external applicant upon request.

Distribution instructions if completed during performance evaluation process:

- Original form is maintained in the employee's personnel file.
- Copy of form is provided to employee upon request.

_____ _____

Print Name SSN (last four digits only)

_____ _____

Signature Date

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CRIMINAL BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

I, _____, hereby authorize any law enforcement agency to furnish Pegasus Schools, Inc. information related to my criminal history. I hereby release Pegasus Schools, Inc. and all of its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability resulting from the furnishing of this information to Pegasus Schools, Inc. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my consideration for employment/continued employment and could result in disciplinary action including termination.

_____ _____

Print Name Date

_____

Signature

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DRUG TEST AGREEMENT

I have read and understand the Pegasus Schools, Inc. policy regarding the Employee Drug Testing. I understand that all Direct Care applicants must submit to pre-employment drug testing and that an applicant may not provide direct care or have access to a child in care until the drug test results have been reviewed by Pegasus Schools, Inc. Administration. In addition, I understand that if I am hired by Pegasus Schools, Inc. I will be subject to random unannounced drug testing.

_____ _____

Print Name Date

_____

Signature

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PEGASUS SCHOOLS, INC. POLICY 100.19
SUBJECT: Employee Drug Testing Policy

I. PURPOSE

To establish a policy regarding Texas Health and Human Services Commission (HHSC) mandated employee drug testing.

Pegasus Schools, Inc. has a vital interest in ensuring the safety of our residents through appropriate drug testing of employees, while also protecting the rights of the employees. This policy ensures the safety and security of our residents and staff by enforcing a drug-free workplace.

II. POLICY

Scope: Mandatory random drug testing applies to all PSI personnel.

Definitions: The following definitions apply to this policy:

A. Abusing drugs: The use of any:

1. Drug or substance defined by the Texas Controlled Substances Act, Texas Health and Safety Code, Chapter 481.

2. Prescription or non-prescription drug that is not being used for the purpose for which it was prescribed or manufactured.

B. Drug testing: The scientific analysis of urine, blood, saliva, hair, tissue, and other specimens for detecting a drug.

C. Random drug testing: A testing cycle that varies the frequency, intervals, and specimens collected for testing and selects employees in a random manner that does not eliminate previously tested employees from future testing. The testing will ensure all employees are subject to testing on a continual basis.

D. Good cause to believe that an employee may be using drugs: A reasonable belief based on facts enough to lead a prudent person to conclude that the employee may be abusing drugs. Sufficient facts include direct observations of the employee using or possessing drugs, or exhibiting physical symptoms, including but not limited to slurred speech or difficulty in maintaining balance; erratic or marked changes in behavior, including a decrease in the quality or quantity of the employee's productivity, judgment, safe working practices; or any other reliable information.

Mandatory Drug Testing:

A. All applicants must submit to pre-employment drug testing. Applicants may not provide direct care or have access to a child in care until the drug test results have been reviewed by PSI Administration.

B. All PSI employees are subject to random, unannounced drug testing.

C. Any employee that is the subject of a child abuse or neglect investigation, when HHSC determines there is "good cause to believe the employee may be abusing drugs", will be drug tested within 24 hours of notification of PSI by HHSC.

D. Any employee who is alleged to be abusing drugs will be tested within 24 hours, if there is "good cause to believe the employee may be abusing drugs."

Drug Testing Procedures:

A. Testing will screen for marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP).

B. Testing will be conducted by a certified laboratory.

C. Integrity and identity of the specimen will be provided by a third party under contract to PSI.

D. Privacy and rights of the employee will be protected. Results will not be made available to the public or non-essential personnel.

Discipline:

A. Refusal to submit to a drug test will preclude a potential employee from being hired and result in immediate termination of employed personnel.

B. An employee who is tested because there is "good cause to believe the employee may be abusing drugs," may be suspended pending results of the drug test.

C. An employee determined through drug testing to have abused drugs is subject to discipline, up to and including termination.

D. An employee determined through drug testing to have abused drugs may be offered the opportunity to complete a rehabilitation program at the employee's expense.

Appeal:

A. An applicant or employee whose drug test is positive may, at the employee's expense:

   1. Have an opportunity to explain and offer written documentation why there is another cause for the positive drug test.

   2. Request that the remaining portion of the sample that yielded the positive result, if available, be submitted for an additional independent test, including second tests to rule out false positive results.

   3. Submit the written test result for an independent medical review.

Documentation:

A. All applicants for employment will be provided with a copy of PSI drug testing policy.

B. All applicants will sign a document consenting to drug testing terms.

C. All drug test results will be kept on file for one year after an employee's last workday with PSI or until any investigation involving that person is resolved, whichever is later.

D. All drug testing results will be made available for review by RCCL staff within 24 hours after request.

VI. APPROVAL

Questions or suggestions regarding this policy should be addressed to the Human Resource Director.

APPROVED: Jessica Sedlachek DATE: 08/18/2023

Jessica Sedlachek, Human Resource Director

REFERENCE FORM

Name of Applicant: _____

1. How long have you known the applicant? _____

_____

2. In what capacity are you acquainted with the applicant? _____

_____

3. Do you know of any reason why this person should not be hired for this position?

_____

_____

4.) If this person is a former employee, what were the dates of employment?

_____

5.) Would you rehire? ☐ Yes ☐ No ☐ Not Applicable

6.) Please state any comments you feel would be helpful for us in considering the applicant for this position.

_____

_____

_____

_____

_____ _____

Print Name Signature

REFERENCE FORM

Name of Applicant: _____

1. How long have you known the applicant? _____

_____

2. In what capacity are you acquainted with the applicant? _____

_____

3. Do you know of any reason why this person should not be hired for this position?

_____

_____

4.) If this person is a former employee, what were the dates of employment?

_____

5.) Would you rehire? ☐ Yes ☐ No ☐ Not Applicable

6.) Please state any comments you feel would be helpful for us in considering the applicant for this position.

_____

_____

_____

_____

_____ _____

Print Name Signature

REFERENCE FORM

Name of Applicant: _____

1. How long have you known the applicant? _____

_____

2. In what capacity are you acquainted with the applicant? _____

_____

3. Do you know of any reason why this person should not be hired for this position?

_____

_____

4.) If this person is a former employee, what were the dates of employment?

_____

5.) Would you rehire? ☐ Yes ☐ No ☐ Not Applicable

6.) Please state any comments you feel would be helpful for us in considering the applicant for this position.

_____

_____

_____

_____

_____ _____

Print Name Signature