



**The Children's Home of Lubbock and Family Service Agency, Inc.**

P.O. Box 2824  
Lubbock, TX 79408  
(806)762-0481

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position (s):	Date of Application:
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Please indicate the hours each day that you would be available to work:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

_____ Advertisement	_____ Friend	_____ Walk-In
_____ Employment Agency	_____ Relatives	_____ Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Phone Numbers	Home	Mobile	Other	Social Security Number	

Are you 21 years of age or older?  Yes  No

If you are under 18 years of age, can you provide required proof of your eligibility?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
Proof of citizenship or immigration status will be required upon employment.  Yes  No

Have you ever filed an application with us before?  Yes  No  
If yes, give date. \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date. \_\_\_\_\_

Are you currently employed?  Yes  No  
If yes, may we contact your current employer?  Yes  No

On what date would you be available to work? \_\_\_\_\_

Do you have available transportation?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Do you speak any language other than English?  Yes  No  
If yes, what and proficiency level. \_\_\_\_\_

Have you been convicted of a felony which was classified as an offense against a person or family, public indecency, or the Texas Controlled Substance Act within the last 10 years?  Yes  No  
(Conviction will not necessarily disqualify an applicant from employment.)  
If yes, please explain. \_\_\_\_\_

Education	High School	College	Other
School Name & Location			
Years Completed			
Diploma/Degree			

**Other Qualifications:**

Summarize special job-related skills and qualifications acquired from employment or other experience. Describe any honors you have received.

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**Specialized Skills:** (check skills/equipment previously operated)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Computer        | <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Microsoft Access |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Microsoft Word       | <input type="checkbox"/> Calculator       |
| <input type="checkbox"/> Typewriter      | <input type="checkbox"/> Fax                  |   |
| Other (list)                             |   |   |

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State any additional information you feel may be helpful to us in considering your application.

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Please attach resume if available.

**References:** (do not include family members)

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Address Phone Number
2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Address Phone Number
3. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Address Phone Number
4. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name {co worker} Address Phone Number
5. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name ( supervisor) Address Phone Number
6. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Address Phone Number

YOUR EMAIL: \_\_\_\_\_  
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Have you ever had job-related training in the United States Military?  Yes  No  
 If yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

Are you willing to take a physical exam to certify your physical competency?  Yes  No

Are you willing to take a drug screen test?  Yes  No

**Employment Experience:**

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates From	Employed To	Work Performed
Address			
Telephone Number	Hourly Start	Rate/Salary Final	
Job Title	Supervisor		
Reason for Leaving			

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Address			
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Address			
Telephone Number	Hourly Start	Rate/Salary Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

**Applicant's Statement:**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as it may be necessary in arriving at an employment decision.

The Texas ChildCare Minimum Standards has added a qualification for all staff. According to section 1100.3 Appendix V, of the Texas Minimum Standard of Child Placing Agency; "No one who has been convicted within the preceding ten years of any felony classified as an offense against the person or family, or of public indecency or of violation of the Texas Controlled Substances Act, or any misdemeanor classified as an offense against the person or family or a public indecency, may serve as an employee in an agency home unless the Director of Licensing has ruled that proof of rehabilitation has been established". In order for The Children's Home of Lubbock and Family Service Agency, Inc. to meet this requirement, will you please sign the following statement:

**" I have not been convicted within the preceding ten years of any felony or misdemeanor as classified in the above statement."**

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview \_\_\_\_\_  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed  Yes  No

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

Notes: \_\_\_\_\_

## REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

Operation Name <b>The Children's Home of Lubbock and Family Service Agency, Inc.</b>	Operation Number <b>5914</b>	Telephone No. (A/C) <b>806-762-0481</b>
Operation Address (Street, City, ZIP) <b>PO Box 2824, Lubbock, TX 79408</b>		County <b>Lubbock</b>

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child care facility or family home to provide identifying information on the director, owner and/or operator, each employee and each person 14 years of age or older who will regularly or frequently be staying or working at the facility or home while the children are in care (other than a child in care at the facility or home). This information will be used to check for any criminal history that is a violation of minimum standards and the Department's central registry of abuse and neglect. It may be necessary for you to obtain additional information if the person does not live in Texas or may have a criminal history in another state. The criminal history and central registry checks are not intended to delay hiring new staff. You will be notified of the results of the check.

Social Security Number	First Name	Middle Name	Last Name
Street Address		City	State
County	Telephone No. (A/C)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
List all other cities in Texas where there has been residency:			
Have you lived outside the State of Texas in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list all cities, counties, and states:	
Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Islander	
Other names used (married, maiden, etc.) First Name		Middle Name	Last Name
ID Type <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued		ID Number	State Issued
			Expiration Date