



The Children's Home of Lubbock and Family Services Agency

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

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position(s) Applied For:				Date of Application:		
Please indicate the hours each day that you would be available to work:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
How Did You Learn About Us?						
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Walk-In		<input type="checkbox"/> Friend _____		
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relatives _____		<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name		
Mailing Address			City	State	Zip Code	
Home Telephone Number		Social Security Number		Driver's License (state & number)		
Other contact numbers: (cell)				(other)		

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 present 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 Substances Act within the last 10 years?

Yes No

If yes, please explain: _____

EDUCATION	Name and Location of School	Last Year Completed	Dates Attended	Degree/Diploma Received?
High School				
College				
College				
Other				

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

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):

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

REFERENCES (do not include family members)

Name	Address	Phone	Relationship?	How long?

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 HISTORY

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

Employer:		Dates Employed From To		Work Performed
Address:				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving:				

Employer:		Dates Employed From To		Work Performed
Address:				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving:				

Employer:		Dates Employed From To		Work Performed
Address:				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving:				

Employer:		Dates Employed From To		Work Performed
Address:				
Telephone Number(s)		Hourly Rate/Salary Starting 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 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 Agencies; "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 Services 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

Interview: Yes No

Date of Interview: _____

2nd Interview: Yes No

Date of Interview: _____

Remarks: _____

Hired: Yes No

Effective Date: _____

Job Title: _____

Interviewer Name and Title

Date

Notes:

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

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

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"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan	
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		ID Number	State Issued
			Expiration Date

**THE CHILDREN'S HOME OF LUBBOCK
DISCLOSURE
AUTHORIZATION FOR RELEASE OF INFORMATION**

As part of our hiring process, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history reports. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights Under the Fair Credit Reporting Act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the American with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit **The Children's Home of Lubbock** to obtain a consumer report and/or and investigative consumer report which may include the following:

- My employment records;
- Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
- Verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original and is valid until revoked by either party via written notice.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as **The Children's Home of Lubbock** from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize **The Children's Home of Lubbock** to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name: _____
(please print clearly)

Signature

Date