



# Employment Application

Please print and complete every section of the application on your own, read the *Applicant Statement* at the end and provide handwritten signature in the space provided.

Arms of Hope is committed to equal opportunity for all persons and does not discriminate in admissions, programs, employment or any other functions and services on the basis of race, color, creed, national origin, gender, age, veteran status, religion, or disability to those who meet admission and employment criteria and are willing to uphold its values and mission as stated in the Policy Manual, Employee Handbook and Program Handbooks.

Position(s) applied for		How did you learn about us?			
Name [First] [Middle Initial] [Last]		Social Security Number	Today's Date:		
Maiden name	Other names used		Driver's License Number and State		
Present Address (Number, Street, and Apt Number)			Telephone Number		
City, State, Zip			Email Address		
<b>LIST PREVIOUS ADDRESSES FOR LAST THREE YEARS IF DIFFERENT FROM YOUR PRESENT ADDRESS ABOVE</b>					
Dates resided		Number, Street, and Apt Number	City	State	Zip
From	To				
Are you authorized for employment in the United States by virtue of being one of the following (please do not specify which): (1) U.S. citizen, (2) a permanent resident, (3) an alien who obtained amnesty under one of the 1986-1988 programs, (4) an alien granted asylum? Check one box. <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" list the type of Visa held:					
Have you ever applied to work for Arms of Hope, Boles Children's Home or Medina Children's Home before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then describe when and what location?					
Have you ever been previously employed by Arms of Hope, Boles Children's Home or Medina Children's Home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and at what location?					
<b>EMPLOMENT INTERESTS</b>					
Type of Employment Desired (check all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary					
Date Available:		Location Preference:		Identify position you are applying for:	
<b>CRIMINAL HISTORY</b>					
Have you ever been convicted of or pled guilty or no contest to any crime or crimes, either misdemeanors or felonies (other than minor traffic violations)? Also list any arrests for which you are out on bail or your own recognizance pending trial. Such a conviction will not necessarily prevent employment. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					

**EDUCATION/TRAINING**

Name of school and location (City and State)		Dates attended		Course of Study	Diploma or Degree	Graduation Date (month/year)
		To	From			
Last Grade or High School						
Business/Vocational School						
Colleges/Universities						

Plans for future study:

Specialized training, apprenticeships, internships, skills or extracurricular activities:

Please indicate if you can speak, read or write in a language other than English:  
 Language: \_\_\_\_\_ proficiency in (check all that apply):  Speaking  Reading  Writing  
 Language: \_\_\_\_\_ proficiency in (check all that apply):  Speaking  Reading  Writing

**EMPLOYMENT HISTORY – list your last 3 positions, most recent one first**

<b>Company/Organization</b>		Address		Telephone Number
Position		Hrs/week	Department	
Supervisor	Start Date	End Date	Last Salary	Reason for Leaving

Duties and Major Accomplishments:

<b>Company/Organization</b>		Address		Telephone Number
Position		Hrs/week	Department	
Supervisor	Start Date	End Date	Last Salary	Reason for Leaving

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Duties and Major Accomplishments:

May we contact your present employer?  Yes  No      At a later date?  Yes  No    If yes, when? \_\_\_\_\_

Are you under any contract or employment restriction with your current employer?  Yes  No  
 If yes, please explain:

**REFERENCES**

List 3 references who are not relatives and are not listed under the *Employment History* section. If you are a college or recent graduate please include a faculty reference.

Name	Occupation and address	Telephone	Years known

**GENERAL**

How often (number of incidents and number of days) have you been absent from scheduled work in the last 12 months?

Licenses and certificates held? List all motor vehicle operator license numbers and issuing state for each.

List all occupational skills, word processing, spreadsheets or other skills.

State any additional information you feel may be helpful to us as we consider your application. Use back of application if more writing space is needed.

**APPLICANT 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 may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature	Date
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# AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A RESIDENTIAL CHILD CARE OPERATION

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a Residential Child Care operation whose employment or potential employment with the operation involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment.

<b>State:</b>	<b>County:</b>
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I swear or affirm under penalty of perjury, that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded *nolo contendere* or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

**ANY CONDUCT, MATTER, OR THING (irrespective of formal name, thereof) CONSTITUTING OR INVOLVING (whether under criminal or civil law of any jurisdiction):**

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation ; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date). If none, write NONE

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**The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.**

<b>Signature:</b>	<b>Date:</b>
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Signed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_

Signature of notary officer:  
(Notary seal)

My commission expires:

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

### Who is required to have a Named-Based Background Check for Criminal History and History of Abuse or Neglect?

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child-care operation to provide identifying information to the Texas Department of Family and Protective Services (DFPS) on the director, owner, and operator of the operation; each current and prospective employee; each current or prospective foster parent providing foster care through a child-placing agency; each prospective adoptive parent seeking to adopt through a child-placing agency; and each person 14 years of age, other than a client in care who: is counted in child-to-caregiver ratios, will reside in a prospective adoptive home if the adoption is through a child-placing agency, has unsupervised access to children in care at the operation or resides in the operation, or will regularly or frequently be staying or working at an operation or prospective adoptive home while children are in care. The information provided below will be used to run a name-based background check for any criminal history and history of abuse or neglect (central registry check).

### Who is required to have a Fingerprint-Based Criminal History Check?

As part of the background check process, it may be necessary for you or your staff to be fingerprinted through the applicant fingerprinting service center for the Texas Department of Public Safety (DPS). The following must request a fingerprint-based criminal history check:

- Any person required to have a name-based background check that has lived outside of Texas within the past five (5) years or you have reason to believe has a criminal history in another state is required to have a fingerprint-based criminal history check.
- Child-placing agencies and independent foster homes that will accept the placement of children for whom DFPS is the managing conservator must request a fingerprint check for any foster or adoptive parent applicant, including a person who has adopted in the past and who applies to adopt again unless the person is also verified as a foster/adopt home; and any adults 18 years or older living in the home of a foster or adoptive parent applicant.
- Child-care centers must request a fingerprint-based criminal history check for the directors, owners, operators, or administrators of the center; current and prospective employees; any person(s), including volunteers, who are counted in the child/caregiver ratio; and any person who has unsupervised access to children in care.

If a person has a DPS clearinghouse record from a fingerprint check conducted by another entity that is available for review by DFPS, then the person is not required to submit his/her fingerprints again. You must check the "FBI Results in DPS Clearinghouse" check box on form 2971 and notify the Centralized Background Check Unit Support Line at 800-645-7549 or send an email to [RCCLFBIREULTS@dfps.state.tx.us](mailto:RCCLFBIREULTS@dfps.state.tx.us) so that the clearinghouse record may be verified.

### When must I complete the background check request?

Each person at your operation who is required to have a background check must complete all required background checks prior to having direct access or providing direct care to the children in care and once every 24 months thereafter.

### How do I submit a background check request?

If	then
You are applying for a permit	you must send your background check request form along with your application to your local licensing office.
You are a Licensed Child-Care Center or Residential Care permit holder	you must submit your background check requests via the Internet.
You are a Licensed Child-Care Home or Registered Home	you may submit your background check requests via the Internet or the background check form to: DFPS, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.
You are a Listed Home permit holder	you may submit your background check requests via the Internet or the background - check form to: DFPS, Listed Home Unit, P.O. Box 149030, Mail Code: 121-8, Austin, TX 78714-9030.

Background check requests may be submitted at the following address:

[www.dfps.state.tx.us/Child\\_Care/Search\\_Texas\\_Child\\_Care/ppFacilityLogin.asp](http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp).

**NOTE:** If you are submitting your request via the Internet please DO NOT submit this form to your licensing office.

### Is there a fee for processing background check requests?

Background check processing fees are included in the annual fee for Listed Homes. All other operation types, you must pay a **\$2 fee** for each person listed on this form or submitted via the Internet. Submit Form 2988-A, Child Care Fee Schedule, along with the fee(s), to: **DFPS, Accounting Division MC: E-672, P.O. Box 149030, Austin, TX, 78714-9030.** Failure to submit fee payments can result in **adverse action including suspension or revocation.**

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A fee of **\$44.20** must be paid to the DPS Fingerprinting Service Center for each person obtaining fingerprint checks at the time the fingerprint check is run. See [http://www.dfps.state.tx.us/Documents/Child\\_Care/Forms/2965.doc](http://www.dfps.state.tx.us/Documents/Child_Care/Forms/2965.doc) for additional information and an application for fingerprint-based checks.

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Operation Name	Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)	Operation Mailing Address (City & Zip)	County

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified **(by reviewing the person's social security card and/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 the Department 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.

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Printed Name of Director, Owner, or Operator      Signature of Director, Owner, or Operator      Date

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number				ID Type - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:							
Relationship of person to requestor							
<input type="checkbox"/> Adoptive Parent		<input type="checkbox"/> Caregiver		<input type="checkbox"/> Director		<input type="checkbox"/> Foster parent	
<input type="checkbox"/> Other Staff		<input type="checkbox"/> Staff		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Other:	
Date Hired /Used by the Operation/Agency		Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander			
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

<b>DFPS Use Only</b>	Worker Name--Last, first	Mail Code
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<input type="checkbox"/> Other Staff		<input type="checkbox"/> Staff		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Other:	
<input type="checkbox"/> Household Member		<input type="checkbox"/> Licensed Administrator					
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