

CAL FARLEY'S

Serving children and families since 1939

BOYS RANCH
GIRLSTOWN USA
FAMILY RESOURCE CENTERS
CAMPUS SUPPORT CENTER

Application for Employment

(FOR POSITIONS AT BOYS RANCH CAMPUS)

Our organization has a **zero tolerance policy for abuse or neglect of children**, and cooperates fully with authorities and licensing representatives in the event of an investigation of an abuse allegation.

8 Julian Bivins Blvd – Boys Ranch, Texas 79010
806/533-1253 or Toll Free 800-687-3722 ext. 1253

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status or disability. If a conditional offer of employment is made, applicants are required to participate in a pre-employment medical exam, drug screen, and criminal background investigation.

Please answer every question. Please print in black or blue ink or type your response.

Position Applied For: _____ **Today's Date:** _____

Name:

Last First Middle

Address:

Number Street City State Zip Code

Home Phone: (_____) _____ **Social Security #:** _____ - _____ - _____

Cell Phone: (_____) _____ **Email Address:** _____

How were you referred to **Cal Farley's**?

Newspaper (*source*) _____ Person (*name*) _____

Internet website (*source*) _____ Other (*source*) _____

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

On what date are you available for work? _____

Please state your minimum salary requirement \$ _____ annual or hourly (Do not write "negotiable".)

Have you applied with us before? Yes No *If yes, please give date* _____

Have you been employed with us before? Yes No *If yes, date and job title* _____

Are you a veteran of the U.S. Military Service? Yes No

If yes, branch _____ date of discharge _____

Please attach a copy of your DD214

Can you furnish proof of eligibility to work in the Unites States (I-9)? Yes No

Are you at least 21 years of age? Yes No

Do you have relatives currently employed here? Yes No

If yes, please give name and relationship: _____

Are you a relative of a child in our care? Yes No

If yes, please give name and relationship: _____

Are you a Boys Ranch or Girlstown, U.S.A. alumni? No Yes (dates of residence _____)

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires? Yes No

Are you willing to relocate? Yes No

Indicate any other names used (maiden, married, etc.): _____

After review of the job description for this position, do you believe you are able to perform the essential functions of this position, with or without reasonable accommodations?

Yes Yes, with accommodation No

EDUCATION

Please note that college degrees (if required) must be from **an accredited university** to be considered for employment. Proof of education is required in the event that a conditional job offer is made.

High School	College or University	Graduate or Professional
<input type="checkbox"/> Diploma Name of School: _____ _____ <input type="checkbox"/> GED	<input type="checkbox"/> Associate's Field: _____ # Hours _____ Date received: _____ Name of School: _____	<input type="checkbox"/> Master's Field: _____ Date received: _____ Name of School: _____
<p>All applicants are required to have a High School diploma or GED.</p>	<input type="checkbox"/> Bachelor's Field: _____ # Hours _____ Date received: _____ Name of School: _____	<input type="checkbox"/> Doctorate's Field: _____ # Hours _____ Date received: _____ Name of School: _____

EMPLOYMENT RECORD

THIS SECTION MUST BE COMPLETED, even if you are attaching a resume. Begin with your present or most recent employment. Include self-employment, summer or part-time jobs, & military assignments for the **PAST 15 YEARS**. Attach an additional sheet if necessary.

<p>Employer: _____ Address: _____ City, State, Zip: _____ Phone: _____ Your job title: _____ Supervisor: _____ Did you receive any written discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did you give required notice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Specific Reason for Leaving: _____ Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p><u>Date Employed:</u> From (mm/yr): _____ To (mm/yr): _____ <input type="checkbox"/> Exempt Employee <input type="checkbox"/> Hourly Employee Final or current salary: \$ _____ (Do not leave blank.)</p>	<p><u>Summary of Work Performed:</u></p>
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--Continued on reverse--

EMPLOYMENT RECORD CONTINUED

<p>Employer: _____ Address: _____ City, State, Zip: _____ Phone: _____ Your job title: _____ Supervisor: _____ Did you receive any written discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did you give required notice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Specific Reason for Leaving: _____ Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p><u>Date Employed:</u> From (mm/yr): _____ To (mm/yr): _____ <input type="checkbox"/> Exempt Employee <input type="checkbox"/> Hourly Employee <u>Final or current salary:</u> \$ _____ (Do not leave blank.)</p>	<p><u>Summary of Work Performed:</u></p>
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PROFESSIONAL LICENSURE

Professional License #: _____ Type: _____

Date Acquired: _____ Expiration Date: _____

Professional License #: _____ Type: _____

Date Acquired: _____ Expiration Date: _____

Have you ever received a written discipline from any licensing board from which you have received a professional license? Yes No

If yes, please explain:

Have you ever had a professional license suspended or revoked? Have any proceedings to suspend or revoke a professional license been initiated or currently exist? Yes No

If yes, please explain:

DRIVING RECORD

Do you have a valid driver's license? No Yes (Number and State: _____)

Have you ever had your driver's license suspended or revoked? Yes No

Have you ever been denied auto insurance? Yes No

List any moving violations in the last 3 years that you pled guilty/paid fine: (examples would include auto accidents, speeding, reckless driving, driving under the influence, etc.)

Date: _____ Type: _____

Date: _____ Type: _____

Date: _____ Type: _____

GENERAL INFORMATION

Please describe your interest in employment with Cal Farley's as well as your knowledge, skill and attitude which would enhance your qualifications for this position:

APPLICANT'S CERTIFICATION AND AGREEMENT **PLEASE READ CAREFULLY BEFORE SIGNING**

In consideration of being employed, I understand and agree that:

- The receipt of this application does not imply any guarantee of employment.
- If I misrepresent or deliberately omit any information on this application, I may be refused employment or if employed, I may be terminated.
- Cal Farley's has my authorization to thoroughly investigate my employment and personal history (which may include information concerning my character, criminal convictions, mode of living, general reputation, personal characteristics and related pertinent information) and I hereby consent to take any test, whenever the organization deems it necessary, in any employment investigation. I will hold no person, corporation or organization liable for my giving or its receiving information in such investigation. (Under the statute of Senate Bill # 210, potential employers of mental health professionals must ask current and past employers to disclose any history or instance of sexual contact, exploitation, or therapeutic deception by the applicant. Additionally, the law requires current and past employers to disclose any history or instance of abuse by the applicant. This information is sought and disclosed for the sole purpose of safeguarding the welfare of our residents.)
- If employed, I may terminate my employment at any time, without notice or cause, and the employer may terminate or modify the employment relationship at any time without prior notice or cause. If employed, I understand that my employment is for no definite period of time and if terminated, the employer is liable only for wages or salaries earned as of the date of termination. (Extended Illness Bank has no accrued compensatory value.)
- In consideration of my employment, I agree to comply with the rules, regulations and policies of the employer.
- If employed, I understand that no representative of the employer, other than the President of the organization, has any authority to enter into any agreement, oral or written, for employment for any specific period of time or to make any agreement or assurance contrary to this policy.
- Any physician, hospital or testing laboratory has my consent to conduct medical examinations or drug screening tests on me, and I hereby give my consent for all such information to be released for the employer to determine my abilities to perform my job, now or in the future. I also give my consent to physical searches of myself and my brief case, lunch box, vehicle, locker, purse or any packages I have while on the employer's premises, whether or not I have a lock on such items.
- The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday. I accept these conditions of employment.
- The employer is an equal opportunity employer. The employer does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran status or disability, and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state or local law.

I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Signature _____ **Date** _____

REFERENCES

It is very important that you provide us with DAYTIME PHONE NUMBERS FOR YOUR REFERENCES, so that we will not experience delays in processing your application.

Your Name: _____ Date: _____

Position Applied For: _____

Personal References

Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person? _____	This person's profession is: _____

Family Member References (non Spouse)

Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How are you related to this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How are you related to this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How are you related to this person? _____	This person's profession is: _____

-- OVER --

BACKGROUND INFORMATION

Have you ever been convicted of or pled no contest (nolo contendere) to any crime that would constitute a felony?

Yes No (***Please list even if your record has been expunged or cleared***)

Felony Degree (if known): _____ Type: _____

State/County: _____ Date: _____

Explain _____

Sentence/Fine: _____

Have you ever been convicted of or pled no contest (nolo contendere) to a misdemeanor?

Yes No (***Please list even if your record has been expunged or cleared***)

Misdemeanor Class (if known): _____ Type: _____

State/County: _____ Date: _____

Explain _____

Sentence/Fine: _____

Conviction does not necessarily disqualify applicants from employment. However, unless proof of rehabilitation has been established, no person may be hired or kept employed in a position requiring contact with children if that person has been convicted of:

- A felony or misdemeanor classified as an offense against the person or family
- A felony or misdemeanor classified as public indecency
- A felony violation of any law intended to control the possession or distribution of any substance classified as a controlled substance by federal, state or local statutes

(Source: Texas Department of Family and Protective Services, Consolidated Standards of Care for licensed childcare facilities)

Have you ever had a complaint filed against you with the Department of Family and Protective Services (Child or Adult Protective Services) in Texas or any other state? Yes No

State/County: _____ Date: _____

Explain _____

Final result of complaint: _____

Attach supporting document(s) even if findings were unsubstantiated.

Your Date of Birth: _____

Date of Birth will be used for Criminal Background purposes only, and not used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state or local law.

Childcare Provider Questionnaire

ALL APPLICANTS MUST COMPLETE

Name: _____ Date: _____

Please answer the following questions on your own. Attach additional sheets for your answers if needed. These questions are designed so that we may learn more about you and your suitability for employment in our organization.

1. Please explain the reason for your interest in working directly or indirectly with youth:

2. How would you describe a "good" child?

3. How would you describe a "bad" child?

4. How would you describe a "good" youth worker?

5. What techniques best demonstrate "proper discipline" for children?

Childcare Provider Questionnaire

6. What are your three greatest strengths in working with children?

- 1) _____
- 2) _____
- 3) _____

7. What are your three greatest weaknesses in working with children?

- 1) _____
- 2) _____
- 3) _____

8. Describe the most frustrating experience you have ever had with children:

9. Describe the most rewarding experience you have ever had with children:

10. What causes you stress and how do you deal with it?

11. How do you handle feelings of anger and frustration towards others?

House Parent Applicants Only

1. Do you have pets? Yes No

If yes, how many and what kind?

2. Do you have dependent school-age children? Yes No

If so, complete the section below.

Name	Gender	Age	Do you have legal custody of the child?	Does the child reside with you full time or part time?	If the child resides with you part time, please explain.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	

3. Do you home-school your children? Yes No

4. Do your child/children have any special challenges, behavioral problems or need that would affect the environment of our residents or that would affect your ability to perform your job duties?

Yes No

If so, please describe below in detail.

Campus Preference: Boys Ranch Girlstown No Preference

Gender Preference: Boys Girls No Preference

Age Preference: Teenagers Younger Children No Preference

REQUIRED AFFIDAVIT FOR EMPLOYEES OF
FACILITY OR REGISTERED FAMILY HOME

STATE OF _____)

COUNTY OF _____)

Before me, the undersigned authority, on this day personally appeared _____, the undersigned affiant, who, being by me duly sworn, did testify and depose as follows:

1. I acknowledge that the Organization with whom I am employed is required by the **Texas State Department of Family and Protective Services** to obtain a copy of this Affidavit duly executed by me. I also acknowledge that my failure to execute this Affidavit will constitute a good cause basis for terminating my employment.

2. I swear or affirm, **under penalty of perjury**, that, either as an adult or as a juvenile, I have:

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. Been diagnosed as having or have been treated for any mental or emotional condition arising from;
9. Resigned under threat of termination of employment or volunteerism for;
10. Had a report of child abuse or neglect made and substantiated against me for; or,
11. Have pending criminal charge(s) 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, civil and/or administrative law of any jurisdiction, the following:

(Please check all that apply, if none apply, check NONE on #19)

- | | | |
|-------|-----|--|
| _____ | 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;
- _____ 17. Any type of child abduction; or,
- _____ 18. Similar or related conduct, matters, or things.
- _____ 19. NONE

For each category listed, please list in detail each and every incident, location, description and date. If you checked the line marked "NONE", confirm your response by writing "NONE" on Exhibit "A".

DO NOT LEAVE EXHIBIT "A" BLANK.

3. I swear or affirm, under penalty of perjury, that all of the information contained in EXHIBIT "A" is true and complete.

FURTHER THE AFFIANT SAYITH NOT.

Signed _____
 Print Name _____
 Date _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____.

Signature of notary officer:

SEAL

Commission expires: _____

Candidate Release Authorization

- I. In connection with my application for employment or continued employment at Cal Farley's (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box. The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by Cal Farley's (the Company) or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Cal Farley's (the Company). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

First Name:	Middle Name:	Last Name:
<u>Please print other names you have used (maiden name, surname, alias name):</u>		
First:	Middle:	Last Name(s):
Current Street Address	City	State Zip Code
Social Security Number:	Date of Birth:	(For ID Purposes only)
Phone Number:	Date Hired:	County:
List All Cities in Texas Where You Have Lived in the Past 5 Years:		
List All Cities/States Other Than Texas Where You Have Lived in the Past 5 years:		
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License Number:	State Issuing License	
Name as it appears on license:		
** COMPLETE THE BELOW SECTION ONLY IF YOU LIVE IN CAMPUS HOUSING **		
CHILDREN WHO RESIDE WITH YOU AND INCLUDE THEIR DOB		
Name: _____	DOB: _____	2. _____ DOB: _____
DO YOU HAVE FOSTER CHILDREN RESIDING IN YOUR HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

Signature

Today's Date

Fair Credit Reporting Act

Candidate Notice and Disclosure

_____ Cal Farley's _____ (the "Company") will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare and process the report(s) is:

ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, _____, agree that a facsimile or photocopy of this form is valid just like the original form. I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

Please print your full name. Last First Middle

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

Signature Today's Date

GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.

For residents of, or for jobs located in, California, Maine, Massachusetts, Minnesota, New Jersey, New York, Oklahoma and Washington, you may request a free copy of any background check report by checking the box below.

I request a free copy of the report.