

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

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	<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> \$ _____ <b>(Do not leave blank.)</b>	<u>Summary of Work Performed:</u>
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	<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> \$ _____ <b>(Do not leave blank.)</b>	<u>Summary of Work Performed:</u>
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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>            \$ _____  <b>(Do not leave blank.)</b></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?  Yes  No

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?  Yes  No (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:

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### **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:

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

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

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

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

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## Childcare Provider Questionnaire

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

1)

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2)

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3)

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

1)

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2)

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3)

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

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

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

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

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## House Parent Applicants Only

1. Do you have pets?     Yes     No

If yes, how many and what kind?

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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.

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**Campus Preference:**     Boys Ranch     Girlstown     No Preference

**Gender Preference:**     Boys     Girls     No Preference

**Age Preference:**     Teenagers     Younger Children     No Preference



- \_\_\_\_\_ 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: \_\_\_\_\_



**INFORMATION SHEET**  
**THIS SHEET MUST BE COMPLETED**

SOCIAL SECURITY NO.		
DRIVER'S LICENSE NUMBER	STATE DRIVER'S LICENSE ISSUED IN	
FIRST NAME	MIDDLE NAME	
LAST NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
COUNTY	TELEPHONE # (WITH AREA CODE)	
DATE OF BIRTH	SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
LIST ALL CITIES IN TEXAS WHERE YOU HAVE LIVED		
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
LIST ALL CITIES/STATES OTHER THAN TEXAS WHERE YOU HAVE LIVED IN THE PAST 10 YEARS		
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
DATE HIRED:	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 NATIVE		
OTHER NAMES USED (MARRIED, MAIDEN, ETC.)		
FIRST NAME	MIDDLE NAME	
LAST NAME(S)		
<b>**COMPLETE THE BELOW SECTION ONLY IF YOU LIVE IN CAMPUS HOUSING**</b>		
CHILDREN WHO RESIDE WITH YOU AND <u>INCLUDE THEIR DOB</u>		
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
DOB: _____	DOB: _____	DOB: _____
DO YOU HAVE FOSTER CHILDREN RESIDING IN YOUR HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**\*A separate information sheet must be completed and signed by your spouse.\***

**\*\*Please complete a separate form for each child who resides with you in campus housing.\*\***

**If you have any change in spouse or dependent information, you must notify your  
Campus Personnel Coordinator immediately to update these forms.**

I understand that Integrated Screening Partners (ISP) has been contracted to perform a background investigation on me regarding my prospective or current employment relationship. With my signature below, I understand that this investigation may include my driving record and criminal history. I hereby authorize Integrated Screening Partners, to research these certain records, as shown above, to be included in an Employee Profile Report. I release and hold Integrated Screening Partners, the organization which has asked me to sign this form, and their respective officers, directors and employees harmless from any and all liability with respect to the investigation and / or verification of any information relevant to my application for employment.

**Employee/Applicant's Signature:** \_\_\_\_\_