



## Employment Application

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.

**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.**

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Newspaper (Source) \_\_\_\_\_  Person (Name) \_\_\_\_\_  
 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 to start? \_\_\_\_\_

Please state your minimum salary requirement \$ \_\_\_\_\_ annual or hourly (Please **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, name and relationship* \_\_\_\_\_

Are you a relative of a child in our care?  Yes  No *If yes, name and relationship* \_\_\_\_\_

Are you a Boys Ranch or Girlstown, U.S.A. alumni?  Yes  No *If 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 accommodation?  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:

Diploma Name of school: \_\_\_\_\_

GED Date Received: \_\_\_\_\_

**All applicants are required to have a high school diploma or GED.**

School: \_\_\_\_\_ Graduate:  Yes  No

Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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

School: \_\_\_\_\_ Graduate:  Yes  No

Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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

School: \_\_\_\_\_ Graduate:  Yes  No

Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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

## 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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, and military assignments for the **PAST 10 YEARS.** Attach an additional sheet if necessary.

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From (mm/yr): \_\_\_\_\_ To (mm/yr): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact?  Yes  No  
Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  Annual  Hourly  
Duties: \_\_\_\_\_  
\_\_\_\_\_

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From (mm/yr): \_\_\_\_\_ To (mm/yr): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact?  Yes  No  
Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  Annual  Hourly  
Duties: \_\_\_\_\_  
\_\_\_\_\_

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Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From (mm/yr): \_\_\_\_\_ To (mm/yr): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact?  Yes  No  
Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  Annual  Hourly  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ From (mm/yr): \_\_\_\_\_ To (mm/yr): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact?  Yes  No  
Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  Annual  Hourly  
Duties: \_\_\_\_\_  
\_\_\_\_\_

**Continued on Reverse**

**Employment Record Continued**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From (mm/yr): \_\_\_\_\_ To (mm/yr): \_\_\_\_\_  
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Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  Annual  Hourly  
Duties: \_\_\_\_\_  
\_\_\_\_\_

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Duties: \_\_\_\_\_  
\_\_\_\_\_

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Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ From (mm/yr): \_\_\_\_\_ To (mm/yr): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact?  Yes  No  
Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  Annual  Hourly  
Duties: \_\_\_\_\_  
\_\_\_\_\_

**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. If employed, I terminate or modify the 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 condition 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** \_\_\_\_\_

**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 violation in the last three 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: \_\_\_\_\_

**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: \_\_\_\_\_  
Explanation: \_\_\_\_\_

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: \_\_\_\_\_  
Explanation: \_\_\_\_\_

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 of 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: \_\_\_\_\_  
Explanation: \_\_\_\_\_

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.

**References**

**It is very important that you provide us with DAYTIME PHONE NUMBERS FOR YOUR REFERNECES, so that we will no experience delays in processing your application.**

**Personal References**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Job Title: \_\_\_\_\_

### Professional References

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Job Title: \_\_\_\_\_

### Childcare Provider Questionnaire

#### **ALL APPLICANTS MUST COMPLETE**

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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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:

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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? \_\_\_\_\_

\_\_\_\_\_

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

If yes, 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	
			<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 yes, please describe below in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Gender Preference:**  Boys  Girls  No Preference

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

