

*It is our policy to provide equal employment opportunities to all qualified persons with regard to all terms and conditions of employment. We comply with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, sex or any other protected characteristic. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.*

For Office Use Only	
start date _____	no hire _____
declined _____	background <input checked="" type="checkbox"/> mailed _____
packet given _____	hourly rate _____
Attachments	
____ resume	____ reference <input checked="" type="checkbox"/> interview form _____
____ interviewed by _____	date _____

## Application for Employment

Part-Time     Full-Time

Date: \_\_\_\_\_

Are you at least 18 years of age? Yes / No

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_ Salary desired: \_\_\_\_\_ per hour

Date you can begin work: _____	Hours available (Monday-Friday): _____
Are you employed now? Yes / No	May we contact your present employer? Yes / No

Have you ever been convicted of any crime or have pending criminal actions against you?  
 Yes / No    If yes, please describe in detail: \_\_\_\_\_

Do you have a legal right to be employed in the U.S.? Yes / No    (proof is required)

Education	Name & Location of School	# Years	Subject Studied	Diploma/Degree
High School				
College				
Trade/Business				

Special Training or Skills: \_\_\_\_\_  
(related to the job for which you are applying)

**Former Employers:** List the most recent first. Explain gaps between employment, i.e. volunteer work, homemaker, etc.

From	To	Employer Name, Address & Phone #	Salary	Position	Reason For Leaving

**References:** Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Relationship to You	Phone #	Years Acquainted

Referral Source (circle): Ad    Friend    Relative    Walk-in    Banner    Other: \_\_\_\_\_

Please explain in detail why you want to work in the Child Care field: \_\_\_\_\_

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

**Applicant Certification, Agreement, and Release**

"I hereby certify that all the information given is true, correct and complete. I agree that if any information is found to be false, it could result in my application being rejected, and if I am employed, my employment may be terminated, whenever it is discovered."

"I expressly authorize, without reservation, this company, its representatives, employees or agents to verify the accuracy of all the information provided in this application, resume, or job interview and to thoroughly investigate any aspect of my prior educational and employment history. I authorize my former employers and any other person, all references, schools, organizations, entities, firms or corporations to release information, answer all questions asked concerning my past work history and general character without giving me prior notice of such disclosure. I further release and hold harmless any and all companies and individuals, along with this Company and its employees and representatives from any and all claims, demands, damages, and liability in connection with having furnished and/or use of such information or disclosure. Any information released will be viewed only by those involved in the hiring decision."

I agree that, if I am employed by this Company, sometime in the future some potential employer may contact this Company or its representatives concerning my work record and/or performance. I hereby consent to and authorize persons employed by this Company to divulge any and all information they consider relevant to any person representing themselves to be an employer or potential employer of mine with respect to my work record and/or performance of my job.

"In consideration to my employment I agree to conform to the Company's rules and regulations. I understand that employment policies/rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part at any time. I agree to abide by all present and any subsequently issued rules and policies."

"Pre-service Training, TB test, CPR and First Aid are prerequisites for employment with this Company. Proof of certification is required."

"I understand, as a condition of the application process, that by signing this application I acknowledge my understanding and consent to perform a criminal history/background check, records check and any updated reports of my background. I understand that any offer of employment is contingent upon successfully passing a criminal history review, any interviews and/or satisfaction of all state licensing requirements. Additionally, verification of an acceptable motor vehicle driving record may be required for applicable job categories. I understand that an outside firm of the company's choice may be used. I hereby unconditionally release this Company and any local, state, and federal bureau, agency and department and their agents, employees, officers or directors from any and all liability in any way related to or arising from the provisions or utilization of such records."

"Furthermore, I understand that if I am hired, employment with this company is "at-will". I recognize that employment with this Company is not for a specific term and can be terminated by me or the Company at any time, for any reason, with or without cause and/or notice. I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract, that no employment is being offered. I understand that any oral or written contracts to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I also understand and agree that the terms and conditions of my employment, wages and benefits may be changed, with or without cause and/or notice at anytime by the company."

I understand that proof of identity and legal eligibility for employment will be required upon employment. I understand that this Company is a drug-free employer and has a policy which may include, but is not limited to, pre-employment screening, as well as random, post-accident, and "reasonable suspicion" testing.

I also understand and agree that if hired, in the performance of my duties as an employee, I must hold in confidence any and all information that I come in contact with regarding my employer or its business.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. I agree that a copy of this Agreement and Certification shall be as valid as the original.

*Do not sign until you have carefully read the above application statement*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## 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 [RCCLFBIRERESULTS@dfps.state.tx.us](mailto:RCCLFBIRERESULTS@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

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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	
<p>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:</p>   							
<p>Relationship of person to requestor</p> <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:							
Date Hired /Used by the Operation/Agency		<i>Ethnicity</i> (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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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:	
<input type="checkbox"/> Household Member		<input type="checkbox"/> Licensed Administrator					
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<input type="checkbox"/> Other Staff		<input type="checkbox"/> Staff		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Other:	
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