



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

Please list three **professional** references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact your previous supervisor for a  
reference? YES NO  
   
\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact your previous supervisor for a  
reference? YES NO  
   
\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact your previous supervisor for a  
reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable,  
explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application  
or interview may result in my release.*

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

Request Form for Criminal Background Check

NAME: (as appears on drivers' license)

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

Name Suffix: (If any-circle) 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, Jr., Sr., MD, PhD, Other \_\_\_\_\_

S.S. # \_\_\_\_\_

ID type (Circle one):

None Driver's license State issued ID ID # \_\_\_\_\_

ID State: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender (Circle one): Male  
Female

Address Line 1:

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

Address Line 2:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County:  
\_\_\_\_\_ Home Phone #: \_\_\_\_\_

Relationship to the Requester: (Circle one) Employee Volunteer Intern Visitor

Other cities of residence in Texas:

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

Have you lived anywhere other than TEXAS in the last 5 years? \_ YES NO

If yes list all previous address(es) including the County: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ethnicity: \_\_\_\_\_Hispanic \_\_\_\_\_Non-Hispanic \_\_\_\_\_Unable to Determine

Race:  
\_\_\_\_American Indian/Alaskan Native \_\_\_\_\_Asian \_\_\_\_\_Black \_\_\_\_\_White \_\_\_\_\_Native  
\_\_\_\_Hawaiian /Pacific Islander \_\_\_\_\_Unable to Determine

List all maiden and/or alternative names:

First Name:\_\_\_\_\_ Middle:\_\_\_\_\_ Maiden or Last Name:\_\_\_\_\_  
Name Suffix:

- I, \_\_\_\_\_, the person identified above, hereby authorize Shepherd Kidz Cares to be furnished information regarding my Criminal/Central Registry and other required background records. I also understand that information obtained during the application process and home study may be obtained from other agencies/professionals involved in the home licensing and treatment processes. If my role is a frequent visitor, I understand I cannot frequent a foster home until my background checks have been cleared by the agency. I further understand that this is a non-expiring consent; withdrawal of this consent must be in writing.
  
- Applicant understands that certain background check results can preclude you from being in the presence of the children we serve. For more information please refer to the below link:  
[http:// dfps.state.tx.us/documents/Child Care/Child Care Standards and Regulations/Fost\\_Adopt\\_Chart.docx](http://dfps.state.tx.us/documents/Child_Care/Child_Care_Standards_and_Regulations/Fost_Adopt_Chart.docx).

\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_  
SKC Staff Signature / Date