

CARING HEARTS FOR CHILDREN

EMPLOYMENT APPLICATION

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

First Name: _____ M.I. _____ Last Name: _____ Date: _____
Mailing Address: _____
City _____ State: _____ Zip Code: _____
Social Security #: _____ Date of Birth: _____
Telephone: _____ Email Address: _____
How did you hear about this job?
Were you referred by an employee? Yes No
Date available for work: _____ Desired Wage \$ _____ per

EDUCATION:

High School:
Did you graduate? Yes No
Name of School: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Year completed: _____
College:
Did you graduate? Yes No
Name of School: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Year completed: _____ Major: _____ Degree Type: _____

Name of School: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Year completed: _____ Major: _____ Degree Type: _____

Name of School: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Year completed: _____ Major: _____ Degree Type: _____

Special Courses (Please list additional training you may have received, including military training, vocational training, courses or seminars):

EMPLOYMENT HISTORY:

Present or Most Recent Employer:

Company Name:

Address:

City:

State:

Zip Code:

Telephone:

Employed from: to

Job Title:

Name of Supervisor:

Job Duties:

Reason for Leaving:

May we contact this employer? Yes No

Additional Employment History:

Company Name:

Address:

City:

State:

Zip Code:

Telephone:

Employed from: to

Job Title:

Name of Supervisor:

Job Duties:

Reason for Leaving:

May we contact this employer? Yes No

Company Name:

Address:

City:

State:

Zip Code:

Telephone:

Employed from: to

Job Title:

Name of Supervisor:

Job Duties:

Reason for Leaving:

May we contact this employer? Yes No

Company Name:

Address:

City:

State:

Zip Code:

Telephone:

Employed from: to

Job Title:

Name of Supervisor:

Job Duties:

Reason for Leaving:

May we contact this employer? Yes No

Briefly describe your long-term career goals:

Have you ever been employed by Texas Department of Family and Protective Services (TDFPS)? Yes No

If yes, employed from: to

PROFESSIONAL LICENSES/CERTIFICATIONS:

License/Certification	State	License Number	Date Expires

REFERENCES:

List three personal references, not related to you, who have known you for more than one year.

Name: _____ Years Known: _____
Current Position and Company: _____
Phone: _____

Name: _____ Years Known: _____
Current Position and Company: _____
Phone: _____

Name: _____ Years Known: _____
Current Position and Company: _____
Phone: _____

Have you ever been convicted of a felony? Yes No
If yes, please describe conditions:

Are you eligible for employment in the United States of America? Yes No

PLEASE READ BEFORE SIGNING:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that Caring Hearts for Children (CHFC) and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with CHFC, I will comply with all rules and regulations as set by CHFC in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to CHFC that verifies my right to work in the United States on the first day of employment. I have received from CHFC a list of the approved documents that are required.

I understand that employment at CHFC is "at will," which means that either I or CHFC can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

REQUIRED SIGNATURE:

Applicant

Date

IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT:

In compliance with the Immigration Reform and Control Act of 1986, you are required to provide approved documentation that verifies your right to work in the United States prior to your employment with this company. Please be prepared to provide us with the following documentation in the event you are offered and accept employment with our company. Any one of the following: (These establish both identity and employment authorization.)

1. U.S. Passport.
2. Certificate of U.S. Citizenship (issued by USCIS).
3. Certificate of Naturalization (issued by USCIS).
4. Resident alien card or other alien unexpired endorsement card, with photo or other approved identifying information which evidences employment authorization.
5. Unexpired foreign passport with unexpired endorsement authorizing employment.

Or one from List A and List B:

List A (These establish employment authorization.)

1. Social Security card.
2. Birth Certificate or other documentation that establishes U.S. nationality or birth.
3. Other approved documentation.

List B

1. Driver's license or similar government identification card with photo or other approved identifying information.
2. Other approved documentation of identity for applicants under age 16 or in a state that does not issue an I.D. card (other than a driver's license).