



# Presbyterian Children's Homes and Services<sup>SM</sup>

## Employment Application Foster Parent Application Volunteer Application

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

Primary phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Street address: \_\_\_\_\_ Email address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of work desired:  Full-Time  Part-Time  Temporary  Foster Parent  Volunteer

Position(s) applied for: \_\_\_\_\_

Desired salary range: \* \_\_\_\_\_ Earliest start date: \_\_\_\_\_

Have you submitted an application here before?  Yes  No If yes, give date(s): \_\_\_\_\_

Have you been an employee, foster parent, or volunteer here before?  Yes  No

If yes, give dates: \_\_\_\_\_

Do you have any relatives who are currently an employee, foster parent, or volunteer here?  Yes  No

If yes, provide their name(s): \_\_\_\_\_

Proof of identity and legal authority to work in the United States will be required upon engagement. Are you legally eligible for employment in the United States? \*  Yes  No

Are you 18 years of age or older (or 21 if Houseparent or Family Teacher position)?  Yes  No

Would you be able to perform, with or without reasonable accommodation, the essential functions of the position(s) for which you are applying?  Yes  No

Would you be able to meet the attendance requirements of the position(s)?  Yes  No

Criminal history, child abuse and neglect registry, and, if applicable, motor vehicle record searches will be conducted on you. Have you ever been convicted of or pled guilty or no contest to a crime (excluding minor traffic violations)? Answering yes will not automatically disqualify you.  Yes  No

If yes, please explain offense(s), jurisdiction(s), and final disposition(s): \_\_\_\_\_

What is your educational background?

1 High School (include city and state): \_\_\_\_\_  
Did you graduate?  Yes  No Number of years completed: \_\_\_\_\_

2 School (include city and state): \_\_\_\_\_  
Did you graduate?  Yes  No Degree received: \_\_\_\_\_  
Number of years completed: \_\_\_\_\_ Course of study: \_\_\_\_\_

3 School (include city and state): \_\_\_\_\_  
Did you graduate?  Yes  No Degree received: \_\_\_\_\_  
Number of years completed: \_\_\_\_\_ Course of study: \_\_\_\_\_

Starting with your most recent employer, provide the following information for all employment since high school or during at least the last 10 years. Indicate if you were employed under a different name.

**1** From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_  
Job title(s) and work performed: \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Street address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Starting pay: \_\_\_\_\_ Final pay: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**2** From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_  
Job title(s) and work performed: \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Street address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Starting pay: \_\_\_\_\_ Final pay: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**3** From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_  
Job title(s) and work performed: \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Street address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Starting pay: \_\_\_\_\_ Final pay: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**4** From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_  
Job title(s) and work performed: \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Street address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Starting pay: \_\_\_\_\_ Final pay: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Account for any time that you were not employed since leaving school and between positions during at least the last 10 years.

**1** From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_  
Describe your activities: \_\_\_\_\_

**2** From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_  
Describe your activities: \_\_\_\_\_

List any employers that you do not want us to contact for a reference and explain why: \_\_\_\_\_

Have you ever been discharged by a company or resigned under threat of discharge?  Yes  No

If yes, give company name(s) and reason(s) for discharge: \_\_\_\_\_

Do you have a valid driver license?  Yes  No If yes, which state? \_\_\_\_\_

Are you bilingual?  Yes  No If yes, what languages? \_\_\_\_\_

Summarize any training, skills, licenses, and/or certificates that may qualify you for the position(s):

\_\_\_\_\_  Word  Excel  Access  PowerPoint  Outlook  Internet

Describe business and civic activities and any offices you hold or have held: \_\_\_\_\_

Presbyterian Children's Homes and Services (PCHAS) is a religious organization affiliated with the Presbyterian Church (U.S.A.) and prefers to employ individuals who are Christians and who possess a Christian commitment, as well as concern, for children and families in need. PCHAS indicates a preference based upon religion because it is a bona fide occupational qualification for the job.

Please state your religion and the community of faith in which you are a member: \_\_\_\_\_

Answer the following questions if the position(s) for which you are applying involve(s) contact with children:

1 Why do you want to work with children? \_\_\_\_\_

2 With what age group and gender do you prefer to work? Why? \_\_\_\_\_

3 Describe the three greatest strengths or assets you have in working with children: \_\_\_\_\_

4 Describe the three most serious weaknesses or problems you have in working with children: \_\_\_\_\_

How did you hear about the position(s)? \_\_\_\_\_

What led you to apply? \_\_\_\_\_

Please provide three personal references:

**1** Name: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
Street address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2** Name: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
Street address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3** Name: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
Street address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Certification.** I certify that all information provided by me to apply for work (whether as an employee, foster parent, or volunteer) with PCHAS is true and complete. False, misrepresented, or incomplete information of any kind will be sufficient cause for my application to be rejected or, if discovered after I begin work, cause for immediate termination.

**Authorization.** I authorize PCHAS to contact and obtain information about me from my previous employers, educational institutions, and references, and any other person or organization who may have information about me. I waive all rights and claims I may have against PCHAS and its representatives for seeking and using such information and all other persons or organizations for furnishing such information about me.

**Discrimination.** I understand that PCHAS does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

**Conditions of Offer.** I understand that any offer of work is conditional upon: (1) the results of PCHAS' criminal history, child abuse and neglect registry, and, if applicable, motor vehicle record searches on me; (2) the results of my pre-work drug test; (3) the results of my tuberculosis test; and (4) my presenting a valid Texas driver license within 30 days. If hired, I agree to comply with all applicable laws and all PCHAS policies and procedures. PCHAS prohibits abuse and neglect of the children and families it serves.

**At-Will Status.** This application is not an employment, foster parent, or volunteer agreement. If I accept an offer of work, I understand that an employment, foster parent, or volunteer relationship with PCHAS is on an at-will basis. Accordingly, either I or PCHAS may terminate the relationship at any time, with or without notice and with or without cause. I understand that no one other than the President and Vice President for Administration has authority to enter into any agreement with terms contrary to the foregoing, and then only in writing signed by such officer.

**Reapplication.** I understand that this application remains current for 6 months. At the conclusion of that time, if I have not heard from PCHAS and still wish to be considered for work, I must reapply and complete a new application.

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

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

**Presbyterian Children's Homes and Services**  
**Criminal History Affidavit**  
**(must be signed before a Notary Public)**

An applicant for temporary or permanent employment with a licensed facility or registered family home whose employment or potential employment with the facility or home involves direct interactions with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment. The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant. Tex.Hum.Res.Code § 42.059.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:**

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

**Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):**

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
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 resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or
17. Any type of child abduction.

**Except the following (list all incidents, location, description, and date) (if none, write NONE):** \_\_\_\_\_

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

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

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

*Seal*

Notary Public Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Presbyterian Children's Homes and Services  
Background Check Notification and Authorization**

**Answer all questions. Write "None" if necessary.  
Return a copy of your Social Security Card and  
Driver License with this form.**

**Notification to Employees, Volunteers, Foster Parents, Household Members, and Subcontractors.** If you are a potential or current employee, volunteer, foster parent, household member, or subcontractor, this is to inform you that criminal history and child abuse and neglect registry information is being obtained through the Texas Department of Public Safety, the Texas Department of Family and Protective Services, and/or the National Crime Information Center for the purpose of evaluating you. This information may be obtained at any time during the application process or during your ongoing relationship with Presbyterian Children's Homes and Services (PCHAS).

**Additional Notification to Employees and Volunteers.** If you are a potential or current employee or volunteer, this is to inform you that a consumer report or an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee or volunteer. A consumer report or an investigative consumer report may be obtained at any time during the application process or during your employment or volunteer relationship with PCHAS. The consumer report obtained may include, among other items, criminal history information, motor vehicle record information, confirmation of your previous addresses, confirmation of your educational and employment history, confirmation of any references provided, and information as to your character, general reputation, personal characteristics, and mode of living.

**Authorization.** I hereby authorize and request any present or former employer, school, law enforcement agency, court, governmental agency, financial institution or credit agency (if an employee or volunteer), or other persons or entities having personal knowledge about me, to furnish PCHAS with any and all information in their possession regarding me in connection with any current or future employment, volunteer, foster parent, household member, or subcontractor relationship I have or may have with PCHAS. I specifically waive any written notice from any present or former employer or other person or entity who may provide information based upon this authorized request. A photocopy of this authorization may be accepted in lieu of the original. I understand that this authorization will be part of my file with PCHAS. I certify that the identifying information provided below is true and complete. I have received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

ID Type:  Driver License  Identification Card ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Name as it appears on Driver License or Identification Card: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All Other Cities of Residence in Texas: \_\_\_\_\_

Previous Address(es) Outside of Texas (including the county) in the Last 5 Years: \_\_\_\_\_

Ethnicity (must accompany race):  Hispanic  Not Hispanic

Race:  American Indian / Alaskan Native  Asian  Black  Native Hawaiian / Pacific Islander  White

Alternate Name(s) Used (enter all aliases, including your maiden name, if applicable):

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

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

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

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

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

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security Number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written

consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

| TYPE OF BUSINESS:   | CONTACT:  |
|---|---|
| Consumer reporting agencies, creditors and others not listed below  | Federal Trade Commission<br>Consumer Response Center – FCRA<br>Washington, DC 20580<br>1-877-382-4357   |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)        | Office of the Comptroller of the Currency<br>Compliance Management, Mail Stop 6-6<br>Washington, DC 20219<br>800-613-6743                               |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)                           | Federal Reserve Board<br>Division of Consumer & Community Affairs<br>Washington, DC 20551<br>202-452-3693   |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision<br>Consumer Complaints<br>Washington, DC 20552<br>800-842-6929   |
| Federal credit unions (words "Federal Credit Union" appear in institution's name)   | National Credit Union Administration<br>1775 Duke Street<br>Alexandria, VA 22314<br>703-519-4600  |
| State-chartered banks that are not members of the Federal Reserve System  | Federal Deposit Insurance Corporation<br>Consumer Response Center<br>2345 Grand Avenue, Suite 100<br>Kansas City, Missouri 64108-2638<br>1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission                   | Department of Transportation<br>Office of Financial Management<br>Washington, DC 20590<br>202-366-1306  |
| Activities subject to the Packers and Stockyards Act, 1921  | Department of Agriculture<br>Office of Deputy Administrator – GIPSA<br>Washington, DC 20250<br>202-720-7051   |