



ALL CHURCH

HOME FOR CHILDREN

CHILDREN, YOUTH AND FAMILY SERVICES

1424 SUMMIT AVE. • FORT WORTH, TEXAS 76102

817.335.HOPE (4673) • 888.296.8099 • www.allchurchhome.org

NAME: _____
POSITION: _____

Employment Application.

Read These Instructions Carefully Before Filling Out The Application

Thank you for your interest in All Church Home for Children. Our application for employment is designed to help us match your skills and interest with the available jobs within All Church Home for Children. Employment consideration necessitates that you meet all of the minimum qualifications required for the position for which you are applying. Please be advised that this application **may not be** considered if any questions or sections are left unanswered. We are an Equal Opportunity Employer, and do not discriminate in the recruitment, hiring and condition of employment on the basis of race, color, religion, gender, national origin, age, marital status, disability or veteran status. No question on the application will be used to exclude qualified applicants of these protected groups.

Your application will be active for six (6) months. Your application will be considered for vacancies occurring during the six-month period. You must reapply if you still want to be considered for vacancies occurring after that time. Any offer of employment will be contingent upon the satisfactory completion of a background investigation, TB examination, and appropriate test for determining the presence of drugs and/or alcohol. Please inform our Human Resources Department should you require or desire any accommodations of assistance to participate in the application process (for completing application, interviewing, testing, etc.)

AN EQUAL OPPORTUNITY EMPLOYER

Please Type Or Print Using Blue Or Black Ink

Current Information

Name (Please print same as on Social Security Card)			Current Date (Mo/Day/Year)		
Home Address - No. & Street		City	State	Zip Code	
If less than 3 years at above, please list prior address		City	State	Zip Code	
Home Telephone (including area code)	Business	Mobile	E-mail Address		
Drivers License Number _____ State _____ Type _____		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of, plead guilty or nolo contendere (no contest) to, or received probation or deferred adjudication for a felony or misdemeanor, or are you presently under indictment? (A positive response to this question does not necessarily disqualify you from employment, but an untruthful response does) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location and disposition of case.					
Would you agree to a background investigation, pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by the company? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you previously applied with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when/where?					
For what position are you applying? <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer <input type="checkbox"/> Live-In			Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Accept shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of referral source for this position?		Earliest date available to begin work?		Salary Expected?	
List names of any relatives employed by our company and their relationship to you.					
Have you ever been terminated/discharged from employment or asked to resign in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give reason and date.					

Education, Skills and Training

Type of School	Name	City	State	Years/Hrs Completed	Major/Diploma or Degree	Date of Graduation	Grade Average
High School							
College/University							
Graduate School							
Other/GED							

Equipment, Skills, Certifications and Volunteer

Positions

Years

Positions

Years

List Foreign languages spoken, office machine proficiency, construction and non-office equipment skills, military training experience, certifications (i.e. CPA, Licensed Social Worker), and other special skills, awards, honorary positions or volunteer work you have relative to your ability to perform the position for which you are applying and the number of years study or experience with each, as applicable.

Keyboarding: <input type="checkbox"/> Yes <input type="checkbox"/> No SPM? _____		Typing: <input type="checkbox"/> Yes <input type="checkbox"/> No WPM? _____	
U.S. Military Service Branch	Rank	Date Entered	Date Separated

PLEASE COMPLETE IF APPLYING TO WORK WITH CHILDREN

Why do you want to work with and/or care for children.

With what age group or gender do you prefer to work with? Why?

What is your philosophy about discipline?

What do you do when you are upset or angry about something?

Are you a pedophile or child abuser? Yes No
 Have you ever been accused or convicted of a criminal offense (felony or misdemeanor including plea agreements and deferred adjudication) of being a pedophile or child abuser?
 Yes No If yes, please explain.

Have you ever been charged with a sexual offense, any offense relating to children or a crime of violence? Yes No If yes, please explain.

Have you ever been the subject of a civil lawsuit involving sexual misconduct, violence, or injury involving children? Yes No If yes, please explain.

Have you ever been reported, had a complaint filed, or been subject to any disciplinary action from any organization of professional registry or, is any disciplinary action or investigation currently pending for violence, abuse, sexual misconduct or misconduct involving children? Yes No If Yes, please explain.

Greatest Strengths

Most Difficult Problems

List the 3 greatest strengths and the 3 most difficult problems you have in working with children.

1.	1.
2.	2.
3.	3.

PREVIOUS EMPLOYMENT

Must be completed in addition to resume. Please explain any gaps in your employment. Include self-employment and volunteer work. Attach an additional sheet if necessary.

May we contact your present employer? Yes No

1. Employer Name		Address	City/State/Zip	Phone	Reason for Leaving/Change
Dates Employed		Job Title/ Department	Supervisor	Final Salary	
From: Month/Year	To: Month/Year			Start Salary	
Duties:					
2. Employer Name		Address	City/State/Zip	Phone	Reason for Leaving/Change
Dates Employed		Job Title/ Department	Supervisor	Final Salary	
From: Month/Year	To: Month/Year			Start Salary	
Duties:					
3. Employer Name		Address	City/State/Zip	Phone	Reason for Leaving/Change
Dates Employed		Job Title/ Department	Supervisor	Final Salary	
From: Month/Year	To: Month/Year			Start Salary	
Duties:					
4. Employer Name		Address	City/State/Zip	Phone	Reason for Leaving/Change
Dates Employed		Job Title/ Department	Supervisor	Final Salary	
From: Month/Year	To: Month/Year			Start Salary	
Duties:					
5. Employer Name		Address	City/State/Zip	Phone	Reason for Leaving/Change
Dates Employed		Job Title/ Department	Supervisor	Final Salary	
From: Month/Year	To: Month/Year			Start Salary	
Duties:					

Business/Personal References

Name/Position/Title	Address/Phone numbers	Firm name/Address	How long known
1. (Non-employer)			
2. (Non-employer)			
3. (Non-employer)			
4. (Relative)			

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third party such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted.

I understand and consent to an inquiry that may include information as to my character, general reputation and personal characteristics, which ever may be applicable. This information may include, but not be limited to, verification of previous employment references, verification of education, including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, will be grounds for dismissal without advance notice. In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and/or proper interest. I understand that, in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees. I understand that All Church Home For Children has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. All Church Home will cooperate fully with the authorities to investigate all cases of alleged abuse. Abuse of clients is grounds for IMMEDIATE dismissal and possible criminal charges.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I also understand that my employment is conditional upon my satisfactorily passing a drug-screening and TB test to be given by a physician, clinic or other health care provider selected by the company. I hereby give my voluntary consent to provide a urine sample to be collected from me and submitted for a drug-screening test. Further, I hereby consent to the release of the test results for use by All Church Home For Children. I also give my consent to a medical examination after receiving a conditional job offer.

I have read the above statements and accept them as conditions of employment with the company.

Signature of Applicant