

Children's Advocacy Center of Laredo-Webb County
111 N. Merida
Laredo, Texas 78043
956-712-1840 fax 956-712-1844

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status or disability.

If a conditional offer of employment is made, applicants are required to participate in a pre-employment medical exam, drug screen, and criminal background investigations.

Please Answer Every Question or use Not Applicable. Please print in black ink.

Position Applied For: _____ **Date:** _____

Name: Last: _____ **First:** _____ **Middle:** _____

Address: #/Street _____ **City:** _____ **State:** _____ **Zip Code:** _____

Home Telephone () _____ **Cell Number ()** _____

How were you referred to us?

Newspaper: _____ Website: _____ Job Fair (location) _____ Person _____

Can you furnish a work permit if you are less than 18 years of age? YES NO N/A

Have you applied with us before? Yes No If yes, please give date: _____

Have you applied with another Children's Advocacy Center in Texas? Yes NO If yes, please give location: _____

Have you been employed with us before? Yes No
If yes, please give date and job title: _____

Do you have relatives currently employed here? Yes No
If yes, please give name and relationship: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No N/A

On what date are you available to start work? _____

What is your minimum salary requirement? Please state in dollars\$ _____ (Annually or Hourly)
(Please do not write "Negotiable")

Can you furnish proof of citizenship or immigration status upon employment? Yes No
Are you currently laid-off and subject to recall? Yes No
Are you available to travel if required by a job? Yes No
Do you have a valid driver's license? Yes No If yes, provide DL# and State: _____
Indicate any other name under which you have worked: _____

PROFESSIONAL LICENSURE

Professional License # _____ Type: _____
Date Acquire: _____ Expiration Date: _____

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Date Acquire: _____ Expiration Date: _____

Have you ever had your professional license suspended or revoked? Yes No

Are you a veteran of the U.S. Military Service? If yes, please indicate branch: _____

EMPLOYMENT RECORD

This section must be completed, even if you are attaching a resume. Begin with your present or most recent employment. Include self-employment, summer or part-time jobs, and military service assignments for the past 15 years. Please attach an additional sheet if necessary.

<p>Employer: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Phone: _____</p> <p>Job Title: _____</p> <p>Supervisor: _____</p> <p>Did you receive a reprimand? Yes No</p> <p>Did you voluntarily resign? Yes No NA</p> <p>Did you give the required notice? Yes No NA</p> <p>Specific Reason for Leaving: _____</p> <p>Are you eligible for rehire? Yes No Unknown</p>	<p style="text-align: center;">Date Employed</p> <p>From: _____</p> <p>To: _____</p> <p style="text-align: center;">(please check one)</p> <p><input type="radio"/> Exempt Employee</p> <p><input type="radio"/> Hourly Employee</p> <p style="text-align: center;">Final Salary</p> <p style="text-align: center;">\$ _____</p>	<p style="text-align: center;"><u>Summary of work</u> <u>Performed</u></p>
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REFERENCES

Please list two personal references other than relatives

Name	
Relationship	Yrs. Known
Occupation	
Telephone#	

Name	
Relationship	Yrs. Known
Occupation	
Telephone#	

Please list three Professional References (work-related)

Name	
Relationship	Yrs. Known
Occupation	
Telephone#	

Name	
Relationship	Yrs. Known
Occupation	
Telephone#	

Name	
Relationship	Yrs. Known
Occupation	
Telephone#	

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully before signing

In consideration of being employed, I understand and agree that:

- 1) The receipt of this application does not imply any guarantee of employment
- 2) If I misrepresent or deliberately omit any information on this application, I may be refused employment or if employed, I may be terminated
- 3) This organization has my authorization to thoroughly investigate my employment and persona history which may include information concerning my character, criminal convictions, mode of living, general reputation, personal characteristics and related pertinent information) and I hereby consent to take any test, whenever the organization deems it necessary, in any employment investigation. (Under Texas statue, potential employers of mental health professionals must ask current and pas employers to disclose any history or instance of sexual contact, exploitation or therapeutic deception by the applicant. Additionally, the law requires current and past employers to disclose any history or instance of abuse by the applicant. This information is sought and disclosed for the sole purpose of safeguarding the welfare of our residents
- 4) If employed, I may terminate my employment at any time, without notice or cause, and the employer may terminate or modify the employment relationship at any item without prior notice or cause. If employed, I understand that my employment is for no definite period of time and if terminated, the employer is liable only for wages or salaries earned as of the date of termination. In consideration of my employment, I agree to comply with the rules, regulations and policies of the employer
- 5) Any physician, hospital or testing laboratory has my consent to conduct medical examinations or drug screening tests on me, and I hereby give my consent for all such information to be released to the employer to determine my abilities to perform my job. Now or in the future. I also give my consent to physical searches of myself and my brief case, lunch box, vehicle, locker, purse or any packages I have while on the employer's premises, whether or not I have a lock on such items
- 6) The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday. I accept these conditions of employment.

- 7) The employer is an equal opportunity employer. The employer does not discriminate on the basis of race color, religion, sex, national origin, age, veteran status or disability, and no questions on the application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state, or local law.

I have read and agree to the above and hereby certify that the facts have provided in my employment application are true and complete

Signature: _____ Date: _____

Background Information:

Have you ever been convicted of or pled no contest (nolo contendere) to a felony? Yes No

If yes, Felony Degree (if known) _____
State/County _____ Date _____

Explain _____

Sentence/Fine: _____

Are you currently under any state or federal probation/parole? Yes No

If yes, explain _____

Have you ever been convicted of or pled no contest (nolo contendere) to a misdemeanor? Yes No
Misdemeanor Class (if known): _____

State/County: _____ Date _____

Explain _____

Sentence/Fine: _____

Are you currently under state or federal probation/parole? Yes No

If yes, explain _____

Conviction does not necessarily disqualify applicants from employment. However, unless proof of rehabilitation has been established, no person may be hired or kept employed in a position requiring contact with children if that person has been convicted of:

- A felony or misdemeanor classified as an offense against the person or family
- A felony or misdemeanor classified as public indecency
- A felony violation of any law intended to control the possession or distribution of any substance classified as a controlled substance by federal, state or local statutes

(Source: Texas Department of Family and Protective Services, Consolidated Standards of Care for licensed childcare facilities)

Have you or any family member had a complaint filed against you with the Department of Family and Protective Services (Child or Adult Protective Services) in Texas or any other state?

YES NO

If yes, please explain: _____

State/County _____ Date: _____

Result of complaint: _____

Revised 9-2008

Authorization for Release of Information

I hereby authorize any investigator or duly accredited representative of the Children's Advocacy Center of Laredo-Webb County bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Children's Advocacy Center of Laredo-Webb County and may be disclosed to such third party as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant's Name

Applicant's Signature

Date

Witness _____ Date _____