

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. _____	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY _____		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Operation Name	Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)	Operation Mailing Address (City & Zip)	County

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified (by reviewing the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

Printed Name of Director, Owner, or Operator Signature of Director, Owner, or Operator Date

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
Social Security Number		ID Type - Drivers License or ID Number -State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:			
Relationship of person to requestor			
<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:			
For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated			
Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander	
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	

DFPS Use Only	Worker Name--Last, First	Mail Code
----------------------	--------------------------	-----------
