



HIGH PLAINS CHILDREN'S HOME

and Family Services, Inc.

11461 S. Western Street
Amarillo, Texas 79118

Office: 806.622.2272
Fax: 806.622.2999

hpch.org

Application for Employment

You must present all of the following at time of interview:

- Current Driver's License
- Social Security Card
- Proof of Education (Diploma, GED or Transcript)

Please Print

Personal Information

Date: _____

(Last)	(First)	(Middle)
Name:		
(Street)	(Apartment Number)	Home Telephone Number:
Address:		()
(City)	(State)	(Zip)
Social Security Number:	Email Address:	Cell Telephone Number:
		()

Position Applied For: _____
(Applicant must specify the particular position.)

Are you legally eligible for employment in the United States? Yes No
(Proof of United States citizenship or immigrant status will be required upon employment.)

Are you at least 21 years of age? Yes No
(This is applicable when applying for a position allowing unsupervised access to children.)

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No

If yes, give nature of offense, name and location of court and the penalty or disposition of the case or cases:

Do you drink alcoholic beverages? Yes No

Do you use tobacco products? Yes No

Do you have a current driver's license? Yes No
(This is applicable when applying for a position that driving is a part of the position's responsibilities.)

If yes, complete the following:

Driver's License Number: _____ Issuing State: _____

Have you been convicted of a traffic offense in the past five (5) years? Yes No

If yes, give the nature of the offense, the name and location of the court and the penalty or disposition of the case:

(A prior conviction is not an automatic bar to employment; however, a poor driving record may affect employment eligibility with HPCH when driving is a part of the position's responsibilities.)

Marital Status: Single Engaged Married Divorced Date of Marriage: _____

When applying for a house parent position: List the names and ages of your children and whether they are living with you.

Name	Age	Currently Living with You

EDUCATION

	School Name	Location	Number of Years Attended	Did you Graduate?	Degree or Diploma
High School					
College					
Graduate					
Vo-Tech					
Other					

Additional job-related seminars, short courses, workshops, or other educational experiences, if any:

Additional job-related special training, specialized licensing, special skills, or noteworthy achievements, if any:

When applying for a clerical position, please list pertinent office skills or experience with office equipment:

Fax Machine Copiers/Digital Imaging Ten-key operation Multi-line Telephone Operation

Computer Skills

Levels of Competency

	Basic Knowledge	Working Knowledge	Professional Expertise
Computer Operation	Basic	Intermediate	Advanced Level
Microsoft Word	Basic	Intermediate	Advanced Level
Excel	Basic	Intermediate	Advanced Level
Power Point	Basic	Intermediate	Advanced Level
The Raiser's Edge	Basic	Intermediate	Advanced Level
Google Workspace	Basic	Intermediate	Advanced Level
Photoshop (or other digital imaging)	Basic	Intermediate	Advanced Level

CHURCH HISTORY

Are you a Christian? Yes No Where is your church membership? _____

What church responsibilities have you had? _____

At this time, in what way are you involved in your church activities? _____

Elder or Preacher's name, address and phone number: _____

List (names and addresses of other churches you have regularly attended during the last five (5) years.

Church Name	Address	Attended from:	Attended To:

CHARACTER REFERENCES

(Omit names of relatives or current employers)

Name	Occupation	Complete Address	Telephone Number

EMPLOYMENT RECORD

(Please give accurate, complete full-time and part-time employment history, including any military service. Please use a separate sheet if additional space is required. Start with your present or most recent employer.)

Employer: _____ Phone Number: _____

Address: _____ Zip Code: _____

Job Title(s): _____ Immediate Supervisor: _____

Description of your work: _____

Reason for leaving: _____

Employed from _____ to _____ Salary: Starting _____ Final _____

Employer: _____ Phone Number: _____

Address: _____ Zip Code: _____

Job Title(s): _____ Immediate Supervisor: _____

Description of your work: _____

Reason for leaving: _____

Employed from _____ to _____ Salary: Starting _____ Final _____

Employer: _____ Phone Number: _____

Address: _____ Zip Code: _____

Job Title(s): _____ Immediate Supervisor: _____

Description of your work: _____

Reason for leaving: _____

Employed from _____ to _____ Salary: Starting _____ Final _____

(Employment Record Continued)

Employer: _____ Phone Number: _____

Address: _____ Zip Code: _____

Job Title(s): _____ Immediate Supervisor: _____

Description of your work: _____

Reason for leaving: _____

Employed from _____ to _____ Salary: Starting _____ Final _____

Employer: _____ Phone Number: _____

Address: _____ Zip Code: _____

Job Title(s): _____ Immediate Supervisor: _____

Description of your work: _____

Reason for leaving: _____

Employed from _____ to _____ Salary: Starting _____ Final _____

Employer: _____ Phone Number: _____

Address: _____ Zip Code: _____

Job Title(s): _____ Immediate Supervisor: _____

Description of your work: _____

Reason for leaving: _____

Employed from _____ to _____ Salary: Starting _____ Final _____

Have you ever worked under a different name for any of these employers? Yes No

If yes, please identify the employer and state the different name: _____

Have you been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No

If yes, give the nature of the offense, the name and location of the court and the penalty or disposition of the case(s) and name of probation officer if you are now on probation.

(A prior conviction is not an absolute bar to employment.)

The answers given by me on this application are true and correct to the best of my knowledge and any misrepresentations will be cause for my rejection or dismissal. I agree to follow the policies and procedures of High Plains Children's Home and Family Services, Inc., which I understand will change from time to time.

IF I AM EMPLOYED BY HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES, INC., I UNDERSTAND THAT MY EMPLOYMENT WILL BE ON AN AT-WILL BASIS.

Date Signature

PLEASE READ CAREFULLY BEFORE SIGNING

To Whom It May Concern:

I authorize High Plains Children's Home and Family Services, Inc. ("HPCH") and any representative or employee of that organization to make any inquiry or engage in any discussion concerning me which HPCH or its representatives and employees deem appropriate. I authorize HPCH to obtain information from any source concerning me, my history and references to the full extent that the organization in its discretion deems necessary to determine my suitability for employment. Furthermore, High Plains Children's Home and Family Services, Inc. or its representatives and employees may discuss my employment and any matters relating to me with anyone without liability to HPCH or any employee or representative of it.

I authorize and request any company, firm or person freely to discuss with any employee or representative of HPCH any matter which HPCH deems appropriate. I also ask the person, firm or company to which or to whom inquiry is made to reveal fully information, records, or other materials, which may pertain to me. I authorize the release of information about me without liability to any person, firm, or company releasing such information.

This _____ day of _____, 20_____ .

Signature

PLEASE READ CAREFULLY BEFORE SIGNING

I, _____, understand that I shall be required to submit to a screening for alcohol, drugs, or other controlled substances in connection with my application for employment. I hereby consent for High Plains Children's Home and Family Services, Inc., a Collection Facility, and a Reference Laboratory to perform appropriate tests or examinations for the presence of alcohol, drugs, or other chemical substances. Further, I give consent for the release of the test results, or other medical information to authorized management of High Plains Children's Home and Family Services, Inc. for appropriate review. I understand that if I refuse to consent, the offer of employment will be withdrawn. I also understand that a confirmed test will result in the withdrawal of the offer of employment. I release High Plains Children's Home and Family Services, Inc., its employees, management and its designated medical or professional representatives, from any and all claims or causes of action resulting from this test, the release of the results of the test to such persons, and any decisions resulting there from. My consent to release the test results shall be valid for a period of one year from the date written below.

Date

Signature

Date

Witness

PLEASE READ CAREFULLY BEFORE SIGNING

APPLICANT STATEMENT

I certify that all information contained in this application is true to the best of my knowledge, and I am aware that any deliberate falsifications constitute grounds for dismissal. I understand that if any information provided by me is found to be false, incomplete, or misrepresented in any respect, my employment application will not be considered further, and if employed, I will be subject to immediate discharge, whenever it is discovered.

I authorize any former employers, schools or references to give High Plains Children's Home and Family Services, Inc. ("HPCH") any and all information which they may have concerning me or my previous employment, and I waive any rights which may exist with respect to such information and I release any claims, including but not limited to claims for defamation and invasion of privacy, which may arise out of furnishing such information to HPCH. Further, I authorize HPCH to use and rely upon, at its discretion, the information obtained from former employers, schools, references and drug screenings and I release any claims, including but not limited to claims for defamation and invasion of privacy, which may arise out of HPCH's use of or reliance on such information.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO READ THIS DOCUMENT AND ASK ANY QUESTIONS I MAY HAVE HAD BEFORE SIGNING IT. I ALSO ACKNOWLEDGE THAT I UNDERSTAND THE MEANING AND EFFECT OF THIS DOCUMENT AND ITS PROVISIONS.

Authorized Signature of Applicant _____

Date _____



Child Care Licensing Request for Background Check

Page 1 to be filled out by the operation. Page 2 to be filled out by the applicant.

Use this form to request background checks required by Texas Administrative Code (TAC) [§745.605](#). You can also submit background check requests through HHSC's [Child Care Licensing Account](#) website.

See the chart below for instructions based on operation type for submitting background check requests.

If,	Then,
Your operation is a licensed child care center, school-age program, before- or after-school program, licensed child care home, registered home or residential care provider,	your operation must submit background check requests through your online Child Care Licensing Account .
Your operation is a listed family home, employer-based child care operation or shelter operation,	your operation may submit background check requests through your online Child Care Licensing Account , by emailing the background check request form to CBCUbackgroundchecks@hhsc.state.tx.us , by faxing the background check request form to 512-339-5871, or by mailing the background check request form to: HHSC, Centralized Background Check Unit, P.O. Box 149030, Mail Code 121-7, Austin, TX 78714-9030.

Directions: Complete the following information for each person required to have a background check. Download additional forms from the HHS forms website <https://hhs.texas.gov/laws-regulations/forms>.

Operation Information

Operation Name	Operation No.	Operation Area Code and Telephone No.
Operation Address (Street, City, State, ZIP Code)		
Operation Mailing Address (Street, City, State, ZIP Code)		County

Verification Signatures

I verified (by reviewing the person's Social Security card 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 HHSC 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 Signed

Individual's Identifying Information

Initial Renewal Fingerprint Check Required FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name
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List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results.

Other First Names	Other Middle Names	Other Last Names
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Address (Street, City, State, ZIP Code)

County	Area Code and Telephone No.	Date of Birth	Gender: <input type="radio"/> Male <input type="radio"/> Female
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List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.

Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	Race <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native
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Social Security No.	Photo ID Type: <input type="checkbox"/> Driver License: No. _____ State _____ <input type="checkbox"/> Canadian SIN: _____ <input type="checkbox"/> State ID: _____ <input type="checkbox"/> Military ID: _____ <input type="checkbox"/> Passport: _____ <input type="checkbox"/> Permanent Resident Card: _____
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Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

Email _____ Area Code and Telephone No. _____

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

Adoptive Parent Contracted Service Provider Director Foster Parent Foster/Adoptive Parent
 Household Member Frequent/Regular Visitor Licensed Administrator Owner/Permit Holder
 Staff/Employee Unverified Respite Provider Volunteer

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

Relative Fictive Kin Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?..... Yes No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

0 – 17 months 18 months – 2 years 3 years – 4 years 5 years – 13 years 14 years – 17 years
 Over 17 years N/A

Pre-Employment Affidavit for Applicants for Employment at Certain Child Care Operations

The following affidavit is offered to satisfy the requirement of Texas Human Resources Code Section 42.0563, in accordance with Texas Civil Practices and Remedies Code Section 132.001.

Texas Human Resources Code Section 42.0563 requires an applicant for a position of employment at a General Residential Operation, Licensed Child Care Center, School-Age Program, Before and After-School Program, Licensed Child Care Home, and Registered Child Care Home to complete and submit, to the employing entity, this pre-employment affidavit disclosing whether the applicant has ever been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

This affidavit should be completed by the applicant during the application process and does not require notarization. The applicant may attach additional documentation to this form to support that a **charge** the applicant lists below was determined to be **false** (e.g., copy of the associated police report, certified copy of a court document, or extra pages which list all relevant facts), but this form must be completed in its entirety.

I swear or affirm the following:

- I **have never** been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I **have been** charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The following are all relevant facts pertaining to the charge, adjudication, or conviction:

List all relevant facts for each **charge**, including whether the charge was determined to be **true** or **false**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the charge. If you do not have any charges, write **none**.

Charge:

The charge was determined to be: True False

Charge:

The charge was determined to be: True False

List all relevant facts for each **adjudication**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the adjudication. If you do not have any adjudications, write **none**.

List all relevant facts for each **conviction**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the conviction. If you do not have any convictions, write **none**.

Declaration of Applicant

I declare under penalty of perjury that the foregoing is true and correct. I understand that failure to disclose the information required by this affidavit is grounds for termination of employment.

Printed Name (First, Middle, Last):

Date of Birth:

Address (Street, City, State, Zip Code, Country):

Signature _____

Signed on _____, in state of _____, County of _____.