

# CAL FARLEY'S

*Serving children and families since 1939*

BOYS RANCH  
GIRLSTOWN USA  
FAMILY RESOURCE CENTERS  
CAMPUS SUPPORT CENTER

## Application for Employment

Our organization has a **zero tolerance policy for abuse or neglect of children**, and cooperates fully with authorities and licensing representatives in the event of an investigation of an abuse allegation.

P. O. BOX 1890 - Amarillo, Texas 79174  
806/372-2341 or Toll Free 800-687-3722

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 investigation.

Please answer every question. Please print in black ink or type your response.

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Number Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

How were you referred to **Cal Farley's**?

- Newspaper (source) \_\_\_\_\_  Person (name) \_\_\_\_\_  
 Internet website (source) \_\_\_\_\_  Other (source) \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

On what date are you available for work? \_\_\_\_\_

Please state your minimum salary requirement \$ \_\_\_\_\_ annual or hourly (Do not write "negotiable".)

Have you applied with us before?  Yes  No

If yes, please give date \_\_\_\_\_

Have you been employed with us before?  Yes  No

If yes, date and job title \_\_\_\_\_

Are you a veteran of the U.S. Military Service?  Yes  No

If yes, branch \_\_\_\_\_ date of discharge \_\_\_\_\_ **Please attach a copy of your DD214**

Can you furnish proof of eligibility to work in the Unites States (I-9)?  Yes  No

Are you at least 21 years of age?  Yes  No

Do you have relatives currently employed here?  Yes  No

If yes, please give name and relationship: \_\_\_\_\_

Are you a relative of a child in our care?  Yes  No

If yes, please give name and relationship: \_\_\_\_\_

Are you a Boys Ranch or Girlstown, U.S.A. alumni?  Yes (dates of residence \_\_\_\_\_)  No

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires?  Yes  No

Are you willing to relocate?  Yes  No

Indicate any other names under which you have worked: \_\_\_\_\_

After review of the job description for this position, do you believe you are able to perform the essential functions of this position, with or without reasonable accommodations?

Yes  Yes, with accommodation  No

## EDUCATION

Please note that college degrees (if required) must be from **an accredited university** to be considered for employment. Proof of education is required in the event that a conditional job offer is made.

High School	College or University	Graduate or Professional
<input type="checkbox"/> <b>Diploma</b>  Name of School: _____ _____  <input type="checkbox"/> <b>GED</b>	<input type="checkbox"/> <b>Associate's</b>  Field: _____ # Hours _____  Date received: _____ Name of School: _____	<input type="checkbox"/> <b>Master's</b>  Field: _____ Date received: _____  Name of School: _____
<b>All applicants are required to have a High School diploma or GED.</b>	<input type="checkbox"/> <b>Bachelor's</b>  Field: _____ # Hours _____  Date received: _____ Name of School: _____	<input type="checkbox"/> <b>Doctorate's</b>  Field: _____ # Hours _____  Date received: _____ Name of School: _____

# 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, & military assignments for the **PAST 15 YEARS**. Attach an additional sheet if necessary.

Employer: _____ Address: _____ City, State, Zip: _____ Phone: _____ Your job title: _____ Supervisor: _____ Did you receive any written discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did you give the required notice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Specific Reason for Leaving: _____ Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<u>Date Employed:</u> From (mm/yr): _____ To (mm/yr): _____ <input type="checkbox"/> Exempt Employee <input type="checkbox"/> Hourly Employee  <u>Final or current salary:</u> \$ _____  <b>(Do not leave blank.)</b>	<u>Summary of Work Performed:</u>
Employer: _____ Address: _____ City, State, Zip: _____ Phone: _____ Your job title: _____ Supervisor: _____ Did you receive any written discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did you give the required notice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Specific Reason for Leaving: _____ Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<u>Date Employed:</u> From (mm/yr): _____ To (mm/yr): _____ <input type="checkbox"/> Exempt Employee <input type="checkbox"/> Hourly Employee  <u>Final or current salary:</u> \$ _____  <b>(Do not leave blank.)</b>	<u>Summary of Work Performed:</u>
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## EMPLOYMENT RECORD CONTINUED

<p>Employer: _____            Address: _____            City, State, Zip: _____            Phone: _____            Your job title: _____            Supervisor: _____            Did you receive any written discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No            Explain: _____            Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            Did you give the required notice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            Specific Reason for Leaving: _____            Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p><u>Date Employed:</u>            From (mm/yr): _____            To (mm/yr): _____  <input type="checkbox"/> Exempt Employee  <input type="checkbox"/> Hourly Employee    <u>Final or current salary:</u>            \$ _____  <b>(Do not leave blank.)</b></p>	<p><u>Summary of Work Performed:</u></p>
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# PROFESSIONAL LICENSURE

Professional License #: \_\_\_\_\_ Type: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Professional License #: \_\_\_\_\_ Type: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever received a written discipline from any licensing board from which you have received a professional license?  Yes  No

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a professional license suspended or revoked? Have any proceedings to suspend or revoke a professional license been initiated or currently exist?

Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

# DRIVING RECORD

Do you have a valid driver's license?  Yes (Number and State: \_\_\_\_\_)  No

Have you ever had your driver's license suspended or revoked?  Yes  No

Have you ever been denied auto insurance?  Yes  No

List any moving violations in the last 3 years that you pled guilty/paid fine: (examples would include auto accidents, speeding, reckless driving, driving under the influence, etc.)

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

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

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

# GENERAL INFORMATION

Please describe your interest in employment with Cal Farley's as well as your knowledge, skill and attitude which would enhance your qualifications for this position:

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## **APPLICANT'S CERTIFICATION AND AGREEMENT** **PLEASE READ CAREFULLY BEFORE SIGNING**

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

- The receipt of this application does not imply any guarantee of employment.
- If I misrepresent or deliberately omit any information on this application, I may be refused employment or if employed, I may be terminated.
- Cal Farley's has my authorization to thoroughly investigate my employment and personal 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. I will hold no person, corporation or organization liable for my giving or its receiving information in such investigation. (Under the statute of Senate Bill # 210, potential employers of mental health professionals must ask current and past 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.)
- 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 time 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. (Extended Illness Bank has no accrued compensatory value.)
- In consideration of my employment, I agree to comply with the rules, regulations and policies of the employer.
- If employed, I understand that no representative of the employer, other than the President of the organization, has any authority to enter into any agreement, oral or written, for employment for any specific period of time or to make any agreement or assurance contrary to this policy.
- 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 for 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.
- 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.
- 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 question on this 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 I have provided in my employment application are true and complete.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# REFERENCES

It is very important that you provide us with DAYTIME PHONE NUMBERS FOR YOUR REFERENCES, so that we will not experience delays in processing your application.

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

Position Applied For: \_\_\_\_\_

## Personal References

Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person? _____	This person's profession is: _____

## Family Member References (non Spouse)

Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How are you related to this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How are you related to this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Cell Phone: _____	How are you related to this person? _____	This person's profession is: _____

# BACKGROUND INFORMATION

Have you ever been convicted of or pled no contest (nolo contendere) to any crime that would constitute a felony?  Yes  No (***Please list even if your record has been expunged or cleared***)

Felony Degree (if known): \_\_\_\_\_ Type: \_\_\_\_\_

State/County: \_\_\_\_\_ Date: \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_

Sentence/Fine: \_\_\_\_\_

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

Yes  No (***Please list even if your record has been expunged or cleared***)

Misdemeanor Class (if known): \_\_\_\_\_ Type: \_\_\_\_\_

State/County: \_\_\_\_\_ Date: \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_

Sentence/Fine: \_\_\_\_\_

***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 ever 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

State/County: \_\_\_\_\_ Date: \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_

Final result of complaint: \_\_\_\_\_

**Attach supporting document(s) even if findings were unsubstantiated.**

Your Date of Birth: \_\_\_\_\_

***Date of Birth will be used for Criminal Background purposes only, and not used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state or local law.***



# Childcare Provider Questionnaire

**ALL APPLICANTS MUST COMPLETE**

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

Please answer the following questions in your own handwriting. Attach additional sheets for your answers if needed. These questions are designed so that we may learn more about you and your suitability for employment in our organization.

1. Please explain the reason for your interest in working directly or indirectly with youth:

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2. How would you describe a "good" child?

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3. How would you describe a "bad" child?

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4. How would you describe a "good" youth worker?

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5. What techniques best demonstrate "proper discipline" for children?

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## **Childcare Provider Questionnaire**

6. What are your three greatest strengths in working with children?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

7. What are your three greatest weaknesses in working with children?

1)

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2)

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3)

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8. Describe the most frustrating experience you have ever had with children:

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9. Describe the most rewarding experience you have ever had with children:

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10. What causes you stress and how do you deal with it?

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11. How do you handle feelings of anger and frustration towards others?

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## House Parent Applicants Only

1. Do you have pets?       Yes                       No

If yes, how many and what kind?

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2. Do you have dependent school-age children?     Yes                       No  
 If so, complete the section below.

Name	Gender	Age	Do you have legal custody of the child?	Does the child reside with you full time or part time?	If the child resides with you part time, please explain.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	

3. Do you home-school your children?                       Yes                       No

4. Does your child/children have any special challenges, behavioral problems or need that would affect the environment of our residents or that would affect your ability to perform your job duties?                       Yes                       No  
 If so, please describe below in detail.

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**Campus Preference:**       Boys Ranch       Girlstown                       No Preference

**Gender Preference:**       Boys                       Girls                       No Preference

**Age Preference:**               Teenagers               Younger Children       No Preference

**PLEASE RETURN THIS COMPLETED FORM WITH YOUR APPLICATION**

REQUIRED AFFIDAVIT FOR EMPLOYEES OF  
FACILITY OR REGISTERED FAMILY HOME

STATE OF \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )

**Before me, the undersigned authority, on this day personally appeared**

\_\_\_\_\_, **the undersigned affiant, who, being by me duly sworn, did testify and**  
**depose as follows:**

1. I acknowledge that the Organization with whom I am employed is required by the **Texas State Department of Family and Protective Services** to obtain a copy of this Affidavit duly executed by me. I also acknowledge that my failure to execute this Affidavit will constitute a good cause basis for terminating my employment.
2. I swear or affirm, **under penalty of perjury**, that, either as an adult or as a juvenile, I have:
  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. Been diagnosed as having or have been treated for any mental or emotional condition arising from;
  9. Resigned under threat of termination of employment or volunteerism for;
  10. Had a report of child abuse or neglect made and substantiated against me for; or,
  11. Have pending criminal charge(s) 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, civil and/or administrative law of any jurisdiction, the following:

(Please check all that apply, if none apply, check NONE on #19)

- |       |  |
|-------|--|
| _____ | 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;
- \_\_\_\_\_ 17. Any type of child abduction; or,
- \_\_\_\_\_ 18. Similar or related conduct, matters, or things.
- \_\_\_\_\_ 19. NONE

For each category listed, please list in detail each and every incident, location, description and date. If you checked the line marked "NONE", confirm your response by writing "NONE" on Exhibit "A". **DO NOT LEAVE EXHIBIT "A" BLANK.**

3. I swear or affirm, under penalty of perjury, that all of the information contained in EXHIBIT "A" is true and complete.

FURTHER THE AFFIANT SAYITH NOT.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of notary officer:

\_\_\_\_\_

SEAL

Commission expires: \_\_\_\_\_

