

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 United 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"/> Diploma Name of School: _____	<input type="checkbox"/> Associate's Field: _____ # Hours _____ Date received: _____ Name of School: _____	<input type="checkbox"/> Master's Field: _____ Date received: _____ Name of School: _____
All applicants are required to have a High School diploma or GED.	<input type="checkbox"/> Bachelor's Field: _____ # Hours _____ Date received: _____ Name of School: _____	<input type="checkbox"/> Doctorate's 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> \$ _____ (Do not leave blank.)	<u>Summary of Work Performed:</u>
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--Continued on reverse--

EMPLOYMENT RECORD CONTINUED

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> \$ _____ (Do not leave blank.)	<u>Summary of Work Performed:</u>
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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:

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: _____

-- OVER --

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:

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

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

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

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

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) _____

2) _____

3) _____

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

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

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

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

House Parent Applicants Only

1. Do you have pets? Yes No

If yes, how many and what kind?

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.

Campus Preference: Boys Ranch Girlstown No Preference

Gender Preference: Boys Girls No Preference

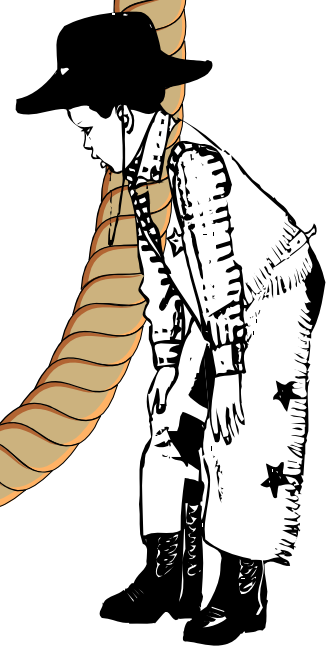
Age Preference: Teenagers Younger Children No Preference

PLEASE RETURN THIS COMPLETED FORM WITH YOUR APPLICATION

CAL FARLEY'S

MISSION STATEMENT

The Cal Farley organization
provides professional services, in a
Christ-centered atmosphere, to
strengthen families and support
the overall development of
children.



- _____ 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: _____

