



The Children's Center, Inc.
Established 1878

P.O. Box 2600
Galveston, Texas 77553
Phone: 409-765-5212 Fax: 409-765-6094

APPLICATION FOR EMPLOYMENT

For the following Children's Center Programs:

- | | |
|--|---|
| Albertine Yeager Youth Crisis Center | Brazoria County Youth Homes |
| Galveston/Brazoria County Respite Care Program | Galveston Island Child Development Center |
| Galveston Island Family Crisis Center | Galveston Island Transitional Living Program 3 |
| Galveston MultiCultural Institute I and II | Gulf Coast Street Outreach & Project Safe Place |
| Jameson Center (Includes TLP I & II and Therapeutic Foster Care Program) | |

All applicants are considered without regard to race, color, religion, sexual orientation, national origin, age, creed, gender, marital or veteran status, disability, the presence of a non-job related medical condition or handicap, or any other legally protected status.

The Children's Center, Inc., is committed to a drug-free workplace and is a weapons-free zone.

PERSONAL DATA

Name: _____

Last	First	MI	Maiden Name(s)
------	-------	----	----------------

Home Address: _____

Street	City	State	Zip
--------	------	-------	-----

Mailing Address (if different than above):

Street	City	State	Zip
--------	------	-------	-----

Phone Numbers:

Home: _____ Other: _____

Cell: _____ Work: _____

Driver's License Information

DL Number:	State:	I.D. #:
D/L Status:	Can you legally drive?	Expiration Date:

PREVIOUS CONTACT WITH THE CHILDREN’S CENTER

Have you ever been employed by The Children’s Center? _____ If yes, when? _____

Which program? _____ Why did you leave? _____

When did you leave? _____

Have you ever applied for employment with The Children’s Center? _____ If yes, when? _____

What position? _____ What was the outcome? _____

How did you learn of our organization? _____

RELATIONSHIPS TO OTHERS WITHIN THE ORGANIZATION

Are you related to any employees of The Children’s Center? _____

To whom are you related? _____

How are you related? _____

Are you related to a Board Member of The Children’s Center? _____

To whom are you related? _____

How are you related? _____

EMPLOYMENT INFORMATION

What position are you now seeking with our organization? _____

What are your pay expectations? _____

Are you willing to work overtime? _____ Are you willing to work weekends? _____

Are you willing to work holidays? _____ Are you willing to work the overnight shift? _____

Are you available for full-time work? _____ Or do you only want part-time work? _____

What days and hours can you work? _____

Are you legally eligible for employment in the United States? _____

Have you ever been bonded? _____

If yes, with what employers? _____

RELATIONSHIPS WITH TDFPS

Have you ever been employed by the Texas Dept. of Family and Protective Services? _____

If yes, where and in what capacity? _____

If yes, what were your dates of employment? _____

Why did you leave TDFPS? _____

List all employment, including part-time, beginning with present or most recent employer:

1. Current Employer Information

Name of Company: _____

Address: _____
Street City State Zip

Phone Number: _____

Dates of Employment: _____ to _____ (Provide Month & Year)

Rate of Pay/Salary: _____ (indicate hourly/weekly/monthly)

Name of Immediate Supervisor: _____

Position(s): _____

Describe Job Duties: _____

Reason for Leaving: _____

2. Name of Company: _____

Address: _____
Street City State Zip

Phone Number: _____

Dates of Employment: _____ to _____ (Provide Month & Year)

Rate of Pay/Salary: _____ (indicate hourly/weekly/monthly)

Name of Immediate Supervisor: _____

Position(s): _____

Describe Job Duties: _____

Reason for Leaving: _____

3. Name of Company: _____

Address: _____
Street City State Zip

Phone Number: _____

Dates of Employment: _____ to _____ (Provide Month & Year)

Rate of Pay/Salary: _____ (indicate hourly/weekly/monthly)

Name of Immediate Supervisor: _____

Position(s): _____

Describe Job Duties: _____

Reason for Leaving: _____

List any other **vocational training**:

List any **continuing education**, mini-courses, or relevant conferences attended during the past three years:

Clerical Skills:

Filing? _____ Typing? _____ WPM: _____ Shorthand? _____ WPM _____

Computer Skills: _____

Software Familiarity: _____

Foreign Languages:

Language: _____ Circle all that apply: Speak, Read, Write

Language: _____ Circle all that apply: Speak, Read, Write

Community Interests:

List any professional, civic, or social associations or memberships. (Optional information)

Military Service (Complete only if you are serving or have served in the U.S. Armed Forces)

Branch: _____ Period of Active Duty: _____ to _____

Are you in the Reserves? _____

Describe your duties and any special training: _____

Rank at Discharge: _____ Date of Final Discharge: _____

REFERENCES (MANDATORY)

List three references **not related to you**:

Name	Address/City/State	Phone Number

List one Close Family Member as a Personal Reference:

Name	Address/City/State	Phone Number

EMERGENCY CONTACT INFORMATION

In case of an emergency please contact: _____ Relationship: _____

Phone Numbers: _____

Address/City/State: _____

MEDICAL INFORMATION

Many positions with The Children’s Center will require the employee to meet the following physical requirements:

Continuous walking, standing, sitting, twisting, bending, stooping, kneeling, squatting and fine hand or finger movement.

Ability to routinely perform light lifting of 1 - 10 lbs. and pushing or pulling of 20 - 40 lbs.

Occasional moderate lifting of 11 - 40 lbs. and pushing or pulling of 41 - 60 lbs.

Rarely lifts more than 40 lbs., and pushes or pulls more than 60 lbs.

In situations where a resident becomes a danger to himself or others, the employee will be expected to apply the principles of Crisis Prevention Intervention. An employee may be required to restrain a resident who weighs in excess of 60 lbs.

If you have any medical conditions that would prevent you from carrying out the duties of a position that have the above-mentioned physical requirements, then contact the business office to discuss this issue in private at 409-765-5212.

DRUG TESTING

A Mandatory Drug test is required prior to any employment with The Children's Center, Inc. Effective January 2006, Texas Department of Family and Protective Services requires testing of any potential employee of a basic care facility, child care center, emergency shelter, or residential facility. Testing is paid for by this employer.

CRIMINAL BACKGROUND CHECKS

The Children’s Center, Inc., is required by the State of Texas to complete two types of background checks on potential employees and current employees. Your identifying information will be submitted for both a criminal background check and an abuse/neglect offense check.

Please follow this process:

1. Read Appendix I: Certain Criminal Offenses in the Texas Penal Code and the Health and Safety Code”
2. Read “Affidavit for Applicants for Employment with a Licensed Operation or Registered Child-Care Home”
3. If applicable sign the affidavit. We will confirm and notarize if you are called for an interview.
4. Complete the “Request for Background Check – TDFPS”, sign and date it.

If you fail to complete the above mentioned background check information, we will not process your application.

Please answer the following additional questions:

In the past 3 years what **states**, other than Texas, have you lived in?

List **all** cities in Texas you have lived in:

Please tell us how the organization would benefit with you as an employee and why you are choosing this field of work: (if you need additional space, you may use the back of the application)

PRE-EMPLOYMENT STATEMENT:

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application my result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation on The Children’s Center, Inc., to continue to employ me in the future. I understand that if I am employed with The Children’s Center, Inc., that employment is at will.

I voluntarily give The Children’s Center, Inc., permission to thoroughly investigate my previous employment activities. I understand that this investigation will include inquiries into my police and driving records and any record I may have with any state protective service agencies and I agree to these inquiries. I release liability and/or responsibility from all persons, companies, corporations, or government agencies that supply information for this investigation.

Print Name

Signature

Date