

Date \_\_\_\_\_



**HIGH SKY CHILDREN'S  
RANCH**

**Application for Employment**

High Sky is an equal opportunity employer. Qualified applicants for employment will be considered without regard to race, color, religion, sex, age, national origin, disability or Vietnam era status. High Sky prohibits harassment in the workplace. High Sky is a subscriber to Texas Workers' Compensation.

Name:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other names under which you have been employed or attended school		E-mail address		
Address:		City	State	Zip Code
Phone Number:	Cell Phone Number	Social Security Number:	Driver's License Number and issuing state:	
Position Applied For:	Date You Can Begin Work:	Salary Desired:	Are You Willing to Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shift Preference <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night		I Prefer <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Occasional <input type="checkbox"/> Temporary		

Have you worked for this organization previously?  Yes  No If yes, give dates of employment \_\_\_\_\_

Have you ever submitted an employment application to High Sky?  Yes  No If yes, when? \_\_\_\_\_

Do you have any relatives employed with High Sky? If yes, please list \_\_\_\_\_

What prompted you to apply for a position with us? (Ad, friend, etc.) \_\_\_\_\_

Have you ever plead guilty to or been convicted of any criminal offense, other than minor traffic citations?  Yes  No  
If yes, provide information on criminal offense, date, location (city and state) and disposition \_\_\_\_\_

Have you ever had a criminal charge dismissed following probation, community service, counseling or the completion of other conditions set by a court (deferred adjudication or pretrial diversion)?  Yes  No If yes, provide information on criminal offense, date, location (city and state) \_\_\_\_\_

Are you currently serving probation, community service or fulfilling any other court directed conditions for any criminal offense?  Yes  No  
If yes, provide information on criminal offense, current status and expected date of completion \_\_\_\_\_

**Commission of a crime will not be an automatic bar to consideration for employment; however, applicants convicted of certain criminal offenses may be ineligible for employment under applicable Texas law.**

Education	Names/Location of Schools	Number of Years Completed	Last Grade/Degree Completed	Major Subjects
High School				
College				
Graduate School				
Other				

Do you hold a current professional license for the position for which you are applying?  Yes  No

License \_\_\_\_\_ Issuing State / Organization \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been denied a professional license for the position for which you are applying by any governmental authority or organization? If yes, please provide dates, location and circumstances \_\_\_\_\_

Has your professional license ever been suspended, restricted or revoked?  Yes  No If yes, provide information on action taken, date and circumstances \_\_\_\_\_

**High Sky Children's Ranch Employment Application**

Complete if applicable

Typing Skills \_\_\_\_\_ wpm      Computer Skills     Yes     No    If yes, list software \_\_\_\_\_

Other equipment you can operate \_\_\_\_\_

Special skills and remarks (include anything which would be pertinent to consideration of your application) \_\_\_\_\_

**References – Please read directions carefully**

List your most recent position first, use additional sheets if necessary. Explain any periods of unemployment or time periods between times employed.

<b>Company Name</b>		Dates of Employment	
		From:	To:
Address	City	State	Zip
Telephone (    )	Immediate Supervisor	<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$	
Position(s) Held	Reason(s) for Leaving or Seeking Other Employment		
<b>Company Name</b>		Dates of Employment	
		From:	To:
Address	City	State	Zip
Telephone (    )	Immediate Supervisor	<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$	
Position(s) Held	Reason(s) for Leaving or Seeking Other Employment		
<b>Company Name</b>		Dates of Employment	
		From:	To:
Address	City	State	Zip
Telephone (    )	Immediate Supervisor	<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$	
Position(s) Held	Reason(s) for Leaving or Seeking Other Employment		
<b>Company Name</b>		Dates of Employment	
		From:	To:
Address	City	State	Zip
Telephone (    )	Immediate Supervisor	<input type="checkbox"/> Hourly Rate or <input type="checkbox"/> Salary per _____ \$	
Position(s) Held	Reason(s) for Leaving or Seeking Other Employment		

Comments regarding periods of unemployment \_\_\_\_\_

Have you ever been terminated or asked to resign by any employer?     Yes     No    If Yes, provide employer, date and circumstances \_\_\_\_\_

**Applicant Verification**

I certify that all of the information on this application, exhibits and resumes submitted to High Sky is true, correct, and complete. I understand that false, misleading, incomplete or omitted information will result in the rejection of my application or, if hired, the termination of my employment. I authorize High Sky and its agents to confirm all information on this application, exhibits and resumes, to contact companies and institutions listed to obtain references and to investigate my suitability for employment. I agree to provide additional information if requested by High Sky or its agents. I authorize High Sky to conduct any investigation it deems necessary with respect to information supplied above. I authorize any former employer, present employer, school, college, university, credit or finance bureau, personal reference and/or any other person to give any information they may have concerning my employment, education, certification, licenses, character, criminal record, driving record, credit or other information of any kind or type. I hereby unconditionally release from all liability for any damage, whether caused directly or indirectly from giving or receiving this information or opinions, High Sky and any informant contacted whether named or unnamed.

High Sky is required to and will conduct a criminal record check under Texas Law. I understand that I will be ineligible for employment with High Sky if I have committed certain criminal offenses.

I understand that, if employed, I will be required to follow the personnel policies and rules of the organization and that infractions of such rules may lead to my discharge. I also understand that High Sky follows employment-at-will practices, and does not discriminate in employment based upon age, race, color, sex, national origin, physical or mental condition/disability, or veteran status. In the event of employment, I understand that any false or misleading information given in this information sheet or interview may result in discharge whenever discovered.

I understand that this employment application is not an offer of employment or employment contract, either expressed or implied, between High Sky and me. I understand that if hired, I may resign or be terminated by High Sky at any time without advance notice or requirement of cause. I acknowledge that any employment will be for an indefinite time period and that I have not been guaranteed continued employment. I also understand that no manager, supervisor, or other employee of High Sky has the authority to promise or guarantee continuing employment.

I acknowledge that I have read and understand the information set forth above.

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**Signature**

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**Date**

**High Sky Children's Ranch**  
**List of References**

**Candidate's Name:** \_\_\_\_\_

**Professional**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I do hereby authorize High Sky Children's Ranch and its designated representatives to contact the above named individuals.**

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

# HIGH SKY CHILDREN'S RANCH

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## **Criminal Conviction and Motor Vehicle Background Investigation ACKNOWLEDGMENT**

I, \_\_\_\_\_, have read the Background Investigation policy as presented to me, and any questions which I may have had have been answered. I, therefore, fully understand its meaning and requirements and hereby agree that should I be offered employment with High Sky Children's Ranch, I will comply with it at all times during my employment. I agree to cooperate with the procedures for conducting a criminal conviction and motor vehicle background investigation. I affirm that all of the information provided by me which may be used in complying with the investigation is true and correct. I acknowledge that if any investigation reveals information that would bar employment, my employment will terminate immediately.

\_\_\_\_\_  
Applicant Initials

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## **Substance Abuse and Drug Testing Policy ACKNOWLEDGMENT**

I, \_\_\_\_\_, have read the Substance Abuse and Drug Testing Policy as presented to me and any questions which I may have had have been answered. I, therefore, fully understand its meaning and requirements and hereby agree to comply with it at all times during the interview process, and should I become an employee of High Sky Children's Ranch, during my employment.

\_\_\_\_\_  
Applicant Initials

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I authorize High Sky Children's Ranch, and its designated representative to release any and all pre-employment or employment records including Criminal Conviction and Motor Vehicle Background Investigations, and my Drug Testing results to the Texas Workforce Commission, Equal Employment Opportunity Commission, Wage and Hour Board, or other entity to which I have made claim for benefits of any kind or made any type of claim, and to release to any federal or state agency.

The signature of applicant is required for consideration for employment. The signature of employee is required as a condition of employment. Nothing in this policy is intended to alter the Company's position of employment-at-will. The length of employee's employment at High Sky is for no specified period of time and employment may be terminated by the Company or by the employee at any time for any reason.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Disclosure and Consent to Release of Information  
Regarding Criminal or Abuse/Neglect History  
For Applicants, Employees or  
Volunteers of DFPS Contractors and Subcontractors**

Any person who will have direct contact with a Department of Family and Protective Services (DFPS) client or access to DFPS client information must complete this form.

1. Have you ever been convicted of a felony or misdemeanor as an adult or juvenile? This includes offenses to which you pleaded guilty or no contest resulting in a deferred adjudication that has not yet been completed.  Yes  No

If yes, give details including date, location and nature of the offense and disposition for each such incident.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor?  Yes  No

If yes, give details, including date, location, and type of charge.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, an elderly person, or a person with disabilities?  Yes  No

If yes, give details, including the state and county in which each such investigation occurred.

**I declare that the information provided on this statement is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.**

**I also agree to inform the contractor, who will in turn notify the DFPS contract manager, if I am named in complaints, indictments, or convictions of offenses as described in items 1 & 2, or if I am investigated for allegations as described in item 3 of this form.**

**I grant permission to this contractor to request a DFPS Abuse/Neglect check, a Texas Department of Public Safety criminal history check, and (if applicable) a Federal Bureau of Investigation criminal history check using my identifying information.**

**I consent to DFPS' disclosure of any and all information, including confidential information, obtained from the above-referenced sources to the contractor listed below in order to facilitate my employment, subcontracting, or volunteer service with such contractor.**

\_\_\_\_\_  
Printed Name of Person Completing Form

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Contractor's Name

\_\_\_\_\_  
Contract #

**INDIVIDUAL'S IDENTIFYING INFORMATION**

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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Street Address:	City:	State:	Zip Code:
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County:	Telephone Number: ( ) -	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander
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Social Security Number:	Photo ID Type: <input type="checkbox"/> Driver License: Number:            State: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:
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<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
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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:  
 Telephone Number: ( ) -

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)

Relative                       Fictive Kin                       Unrelated

## Certification of Felony Convictions

This is to certify that within the preceding ten (10) years, I have not been convicted of any felony classified as an offense against any person or family, of public Indecency, or of any violation of the Texas Controlled Substances Act, or of any misdemeanor classified as an offense against a person or family or public Indecency. Neither are there any pending criminal charges within the preceding ten (10) years.

I have received a copy of this form.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME**

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:**

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. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges 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 or civil law of any jurisdiction):**

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 resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

**Except the following (list all incidents, locations, description, and date) (if none, write NONE)**

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

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of notary officer: \_\_\_\_\_  
(seal, if any, of notarial officer)

My commission expires: \_\_\_\_\_

## CONTRACTOR AFFIDAVIT REGARDING CIVIL AND CRIMINAL HISTORY

Anyone who has or could ever have unsupervised direct contact with TDFPS clients must complete this form.

1. Have you ever been convicted of a felony OR misdemeanor? \_\_\_\_\_YES \_\_\_\_\_NO

If "yes", give details including date, place, nature of conviction, and disposition.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication? \_\_\_\_\_YES \_\_\_\_\_NO

If "yes", give details, including the type of charge.

3. Have you ever been OR are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled? \_\_\_\_\_YES \_\_\_\_\_NO

If "yes", give details, including the county in which the investigation occurred, your social security number, date of birth, and any other names you may have used during this time frame.

**I hereby declare the information provided on this statement is true and correct. I also agree to inform the TDFPS contract manager if I am named in any complaints or indictments or convictions of offenses as described in item 3 of this form.**

\_\_\_\_\_  
Full Name of Person Completing Form

\_\_\_\_\_  
Signature of Person Completing Form (to be signed at time of application)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Person Completing Form (to be signed and notarized if hired)

\_\_\_\_\_  
Date Signed

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

Signature of notary officer \_\_\_\_\_

My commission expires \_\_\_\_\_

Criminal History Background Check Permission Statement

I, \_\_\_\_\_, give High Sky Children's Ranch permission to complete a criminal history background check on my behalf. I am also aware that this information is kept in my personnel file.

I have received a copy of the Criminal History Background Permission Statement.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date