



## EMPLOYMENT APPLICATION

1600 Payton Gin Rd  
Austin, TX 78758

Ph: (512) 836-2150  
Fax: (512) 836-2159

[www.settlementhome.org](http://www.settlementhome.org)  
[careers@settlementhome.org](mailto:careers@settlementhome.org)

*Entire application must be submitted for consideration.*

**BEFORE COMPLETING THIS EMPLOYMENT APPLICATION,  
PLEASE READ THE FOLLOWING REQUIREMENTS:**

- ◆ You must have a valid Driver's License with no more than 2 moving violations in the past 3 years and no DWI or DUI in the past 10 years.
- ◆ You must be at least 21 years of age.
- ◆ You must have liability insurance on your personal vehicle to park your vehicle on campus.

**The following information is required in order for the Texas Department of Family and Protective Services to run Criminal History and Central Registry Checks. This information will be separated from your application for employment and will not be used in hiring decisions.**

FIRST NAME			MIDDLE NAME			LAST NAME			
OTHER NAMES USED (married, maiden, etc.) First Name			Middle Name			Last Name			
STREET ADDRESS			CITY			COUNTY		STATE	ZIP CODE
TELEPHONE NO. (A/C)	DATE OF BIRTH		SEX <input type="checkbox"/> F <input type="checkbox"/> M		SOCIAL SECURITY NO.				
LIST ALL OTHER CITIES IN TEXAS WHERE THERE HAS BEEN RESIDENCY:									
LIST ALL ADDRESSES OUT OF STATE or OUT OF COUNTRY FOR THE PAST FIVE (5) YEARS:									
DRIVERS LICENSE NO.	STATE	EXPIRES	RACE <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native			ETHNICITY (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			

The Settlement Home Non-Discrimination Policy: The Settlement Home complies with the federal Civil Rights Act of 1964. People who are eligible to participate in the program of the Settlement Home are not discriminated against because of race, color, national origin, sex, age, disability, religion or political belief. Anyone who believes they have been discriminated against should write immediately to: HHSC Civil Rights Office, 701 W 51<sup>st</sup> St., Mail Code W206, Austin, TX 78751; Toll Free: (888) 388-6332; Austin: (512) 438-4313; TTY Toll Free: (877) 432-7232; Fax: (512) 438-5885.

**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: \_\_\_\_\_

## THE SETTLEMENT HOME FOR CHILDREN EMPLOYMENT APPLICATION

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

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ Other Number: (\_\_\_\_) \_\_\_\_\_

Current Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
Street City State Zip

Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
Street City State Zip

How did you learn of the position opening? \_\_\_\_\_

Have you worked here before? \_\_\_\_\_ If so, list dates and positions held \_\_\_\_\_

Are you a U. S. Citizen or otherwise authorized to work in the U. S. on an unrestricted basis? \_\_\_\_\_

Have you had a TB test in last 12 months? \_\_\_\_\_ Date: \_\_\_\_\_

Our insurance company will check your driving record. What offenses during the past 3 years will be shown?  
 \_\_\_\_\_

Do you have automobile liability insurance? \_\_\_\_\_

Have you been convicted within the past **10** years of any felony or misdemeanor classified as an offense against the person or family, or of public indecency, or violation of the Texas Controlled Substances Act?  
 \_\_\_\_\_

Texas Law requires us to request from the state a criminal history check (DPS, DFPS & *FBI if applicable*) on all persons who work on campus regularly. Will this create any problem for you? \_\_\_\_\_

### **Formal Education:**

School Name and Location	Major	Degree
<u>High School</u>		
<u>College(s)</u>		
<u>Graduate School</u>		

Are you certified in First Aid? \_\_\_\_\_ Exp date? \_\_\_\_\_ Life Saving \_\_\_\_\_ Exp date? \_\_\_\_\_ CPR? \_\_\_\_\_ Exp Date? \_\_\_\_\_  
 Special Training: \_\_\_\_\_

Extra Curricular Activities in High School or College: \_\_\_\_\_

**Employment History:** We must check references as part of our application process. We will verify your employment history and use Supervisors as employment references. You may include an additional reference list if you wish.

Employer	Address (street, city, state, zip)	Phone	Supervisor	Your Position	Dates of Employment	Reason for Leaving

Is there any employer you wish us not to contact? \_\_\_\_\_

**Personal References:**

Name	Address (street, city, state, zip)	Phone	How Long
1.			
2.			

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

Address (include zip): \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

What do you see as the difference between punishment and discipline? \_\_\_\_\_

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How are emotionally disturbed children and youth different from others? \_\_\_\_\_

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What are three or four crucial aspects of a program for emotionally disturbed children and adolescents?

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**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize The Settlement Home to make an investigation of any facts set forth in this application.

I understand that employment at The Settlement Home is "at will", which means that either I or the Home can terminate the employment relationship at anytime, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, other than the Executive Director, has any authority to alter the foregoing.

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested. These reports may include the following type of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records; as well as information concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information.

I have the right to request the nature and substance of all information in file on me, including the sources of information; and the recipients of any report on me. I hereby consent to your obtaining the above information.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Copy of Driver's License attached

\_\_\_\_\_ Copy of Social Security Card attached



## Consumer Report Disclosure & Release

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work), an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize AMERICANCHECKED, INC. to prepare a consumer report or investigative consumer report about me and disclose such to the requesting company. Further purpose of determining my eligibility for employment retention, promotion or suitability as a volunteer. If the requesting company is placing me with another entity, I consent to the report being provided to such other entity. If hired, contracted or accepted as a volunteer, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism or contract period. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge AMERICANCHECKED, INC., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC. from all claims and damages arising out of or relating to any investigation of my background for employment/ volunteer purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion.

Today's Date \_\_\_\_\_ Signature \_\_\_\_\_

Print your full name \_\_\_\_\_

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used \_\_\_\_\_

Current Address \_\_\_\_\_ How long? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State Issuing License \_\_\_\_\_

California, Minnesota and Oklahoma Applicants Only: I request a free copy of any consumer report ordered on me.

**Notice To All Applicants**

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

**Notice to California Applicants**

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification

Consumer Signature \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Location No.:** \_\_\_\_\_

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.