

# Texas Neighborhood Services

A Community Action Agency helping  
people change lives

PO Box 1539

Weatherford, Texas 76086

Phone: 817.598.5700

Fax: 817.598.5748

# Employment Application

*TNS is an equal employment opportunity employer. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

## General Information

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

List any other names used if different from name on this application \_\_\_\_\_

Position Applying For \_\_\_\_\_ County Applying For \_\_\_\_\_

If Hired, can you furnish proof that you are legally entitled to work in the US?  Yes  No

Are you at least 18 years of age?  Yes  No

Have you ever been employed by TNS before?  Yes  No

Date Available to Work \_\_\_\_\_  
If yes, when? \_\_\_\_\_

Do you have any relatives currently working for TNS?  Yes  No  
If so, please give names, relationships and their work site.

Have you ever been convicted of a crime other than a traffic violation? If so, please explain.  Yes  No

Are you currently employed?  Yes  No  
May we contact your employer?  Yes  No

## Education

(NOTE: Applicants may be required to provide a copy of any diploma, GED, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED?  Yes  No

If yes, list the name and location of high school or GED institute.

Type of School	Name and Location of School	Course of Study	Number of Years Completed	Degree or Diploma
High School				
Undergraduate Colleges				
Graduate/ Professional				
Other (Specify)				

Please list any certifications or licenses that you possess which may pertain to the position you are applying for.


## Employment History (Start with your most recent job)

Company Name	Supervisor	Dates (From-To)	Job Title
City/State	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number	Rate of Pay
Describe your duties		Reason for leaving	
Company Name	Supervisor	Dates (From-To)	Job Title
City/State	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number	Rate of Pay
Describe your duties		Reason for leaving	

Company Name	Supervisor	Dates (From-To)	Job Title
City/State	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number	Rate of Pay
Describe your duties		Reason for leaving	

If you need additional space, see additional employment history page located at the end of this application.

Please list any special skills, experience or additional information you feel may be helpful to us in considering your application.


### **References**

Please list below three persons who have knowledge of your work performance within the last three years. Do not include any family members.

1. Name	Occupation	Relationship	Phone Number	E-mail
2. Name	Occupation	Relationship	Phone Number	E-mail
3. Name	Occupation	Relationship	Phone Number	E-mail

If you do not have three supervisors or individuals who have knowledge of your work performance, you may give personal references.

### **Military Service**

Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is yes, list type of discharge	
Dates of Service (From/To)	
Are you a surviving spouse of a veteran who has not remarried?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a surviving orphan of a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either of the last two questions, complete dates of service for veteran	

## **Acknowledgment**

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information may result in my disqualification from consideration for employment or, if employed, my dismissal.

I hereby authorize Texas Neighborhood Services to obtain any information from any schools, employers, criminal justice agencies, individuals or entities relating to my activities. This information may include but is not necessarily limited to: academic performance, professional achievement and performance, attendance, disciplinary actions, and arrest and conviction records. I hereby direct the recipient of this document to release such information upon request of Texas Neighborhood Services. I hereby release any entity and/or individual, including but not limited to record custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance or any attempts to comply with this authorization by the party (whether it be an individual, entity, or individual acting on behalf of any entity) releasing information pursuant to this request.

It is the policy of Texas Neighborhood Services that all employees are employed at the will of the corporation for any indefinite period, and are subject to termination at any time, for any reason, with or without cause or notice. At the same time, these employees may terminate their employment at any time and for any reason. I understand that benefits and conditions of employment can be changed at any time.

I understand that completion of this application does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required for the position for which I am asking to be considered.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual and other communications distributed to all employees.

I agree that I will keep any information pertaining to the business of TNS, gained during employment, strictly confidential and will not disclose such information, either directly or indirectly, to any third person or entity without the prior written consent of TNS (unless such information is otherwise in the public domain through no fault of the myself). I also agree not to solicit employees of TNS either during or for one year after employment to leave the company and commence work with another company.

I understand that due to childcare licensing regulations all TNS facilities and grounds are smoke/tobacco free.

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Signature of Applicant  
My signature above

Date

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"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

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

**INTELLISEARCH**  
**NOTICE TO PROSPECTIVE EMPLOYEES**

The following information is needed for a criminal background check: Name: (include: middle name, initials, maiden name, nicknames, aliases, etc. used either officially or unofficially in the past):

Name of Applicant \_\_\_\_\_  
First Last Middle

Other names used (including maiden) \_\_\_\_\_  
First Last Middle

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security # \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

I understand that I may be ineligible for employment by Texas Neighborhood Services if I have been found guilty or have received adjudication in a court of law for any criminal offense identified by the Texas Health & Safety Code, Paragraph 250.006 (as amended by the 75<sup>th</sup> Texas Legislature), or as listed in the TNS Policies & Procedures Manual. I understand that TNS must conduct a background check to determine the existence of such records, and I hereby give consent for such a criminal background check.

Have you ever been charged, indicted, convicted or received deferred adjudication by any federal, state, or local court for violation of any federal, state, county or municipal law, regulation or ordinance? Do not include anything before your 14<sup>th</sup> birthday. Yes \_\_\_ No \_\_\_. If yes, describe each fully (use back side if necessary).

Background Check for Abuse or Neglect

*I understand that if I have been involved in an incident, which constitutes abuse or neglect of a person under my care, I may be ineligible for employment by TNS. Examples of incidents, which constitute abuse and neglect, include, but are not limited to, actions or a failure to act involving a person under my care which caused or could have caused physical or emotional injury or which was determined to be threatening or degrading to that person.*

Have you ever been involved in any incident which might constitute abuse or neglect of a person under your care? Yes \_\_\_ No \_\_\_ If yes, please describe the incident (use back side if necessary).

Driver's License and Records Check

*I understand that if the position for which I am applying requires me to drive a vehicle I must have a current and valid Texas Drivers License and that my driving record must meet the requirements for the TNS insurance carrier in order to be eligible for employment. I understand that TNS must confirm the status of my driver's license and obtain a report on my driving record and I hereby give my consent for these checks.*

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

FALSIFICATION OR MISREPRESENTATION OF ANY INFORMATION ON THIS FORM OR ON YOUR APPLICATION FOR EMPLOYMENT MAY CONSTITUTE GROUNDS FOR DISMISSAL IF YOU ARE EMPLOYED.

I hereby certify that all information on this form and on my application is true and complete to the best of my knowledge and belief.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Operation Name	Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)	Operation Mailing Address (City & Zip)	County

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified (by reviewing the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

Printed Name of Director, Owner, or Operator      Signature of Director, Owner, or Operator      Date

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
Social Security Number		ID Type - Drivers License or ID Number -State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:			
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:			
Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander	
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	

<b>DFPS Use Only</b>	Worker Name--Last, first	Mail Code
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## Additional Employment History (Start with your most recent job)

Company Name	Supervisor	Dates (From-To)	Job Title
City/State	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number	Rate of Pay
Describe your duties		Reason for leaving	
Company Name	Supervisor	Dates (From-To)	Job Title
City/State	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number	Rate of Pay
Describe your duties		Reason for leaving	
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Describe your duties		Reason for leaving	
Company Name	Supervisor	Dates (From-To)	Job Title
City/State	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number	Rate of Pay
Describe your duties		Reason for leaving	



# Applicant EEO Data Form

Texas Neighborhood Services is an equal opportunity employer. The commitment of TNS to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes only. The following information is requested for Human Resources use only in order to assist us in complying with EEO reporting guidelines. This information will be kept separately from the applicant's file and will not be used as a basis for making employment or upon employment will not be used for any subsequent personnel decision. **This form is optional.**

## **Demographic Information**

Last Name	First Name	MI	Date Applied
Address	City	State	Zip Code
Daytime Phone		Evening Phone	
Position(s) Desired	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

## **Ethnic Group**

- |  |   |
|--|---|
| <p><input type="checkbox"/> White (Not of Hispanic origin) – All persons Having origins in any of the original peoples of Europe, North America or the middle East</p> <p><input type="checkbox"/> Black (Not of Hispanic origin) – All persons Having origins in any of the Black racial groups Of Africa</p> <p><input type="checkbox"/> Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin.</p> <p><input type="checkbox"/> Other</p> | <p><input type="checkbox"/> Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands.</p> <p><input type="checkbox"/> American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America, and who Maintain cultural identification through tribal Affiliation or community recognition.</p> |
|--|---|

## **Sourcing Information**

Please complete the following information to help us determine our advertising effectiveness. You heard about this position from:

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Friend/Family</li> <li><input type="checkbox"/> Website</li> <li><input type="checkbox"/> Wise County Messenger</li> <li><input type="checkbox"/> Weatherford Democrat</li> <li><input type="checkbox"/> Mineral Wells Index</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Hood County News</li> <li><input type="checkbox"/> Somervell County News</li> <li><input type="checkbox"/> Jacksboro Gazette</li> <li><input type="checkbox"/> Wise County Messenger</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Cleburne Times Review</li> <li><input type="checkbox"/> Waxahachie Light Times</li> <li><input type="checkbox"/> Empire Tribune</li> <li><input type="checkbox"/> Other</li> </ul> |
|---|---|--|

## **Veterans Status**

- I am a Veteran
- I am not a Veteran