

**CHILDREN'S ADVOCACY CENTER OF HIDALGO CO., INC.
ESTRELLA'S HOUSE**

Employment Application Checklist

Please ensure that all the following documents are included upon submitting your application. Missing documents or information will delay the process of your application.

- _____ 1. Cover Letter
- _____ 2. Resume
- _____ 3. Employment Application
- _____ 4. Pledge of Confidentiality
- _____ 5. Consent for History Background Check
- _____ 6. Completed Form F-500-2854

CHILDREN'S ADVOCACY CENTER OF HIDALGO COUNTY, INC.



ESTRELLA'S HOUSE

525 W. Wisconsin Road

Edinburg, Texas 78539

Phone: (956) 287-9754 / Fax: (956) 287-1494

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: (____) _____ E-Mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary Range: \$ _____

Position Applied for: _____ Additional Languages: _____ Speak Read Write

Are you authorized to work United States? YES NO

Have you ever worked for this company? YES NO If yes, dates and Position: _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: (____) _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: (____) _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: (____) _____
 Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Skills and Qualifications

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions in the position for which you are applying.

List any additional information you would like us to consider.

Disclaimer and Signature

It is understood and agreed upon that any misrepresentation by me of this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been employed. I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby, release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

*The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. **This application is current for six months.** At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.*

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any adherence to the contrary. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature: _____

Date: _____

FELONY AND MISDEMEANOR CONVICTION INFORMATION

Our agency screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children, youth and families it serves. Information obtained does not automatically bar employment or volunteer opportunities. Relevant circumstances are appraised. This disclosure is to be completed by applicants prior to further consideration. Any falsification, misrepresentation, or incompleteness in this disclosure is sole and adequate grounds for rejection or termination. This agency works closely with federal, state and local law enforcement agencies to verify all information to the maximum permitted by law.

1. I have ___ have not ___ been convicted of a felony or a misdemeanor. If your answer is affirmative, give detail, including date, place, nature of conviction, and disposition.

2. I am ___ am not ___ currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony misdemeanor. If your answer is affirmative, please give details, including type of charges.

3. I have ___ have not ___ ever been prohibited from serving in any capacity as an employee or volunteer with any organization or agency working with children. If your answer is affirmative, please give details, including the date, name or organization and address.

4. I have ___ have not ___ ever been reassigned, removed or asked to leave any position involving contact with children. If your answer is affirmative please give details, including the date, name of the organization and address.

I have read this form in it's entirety and understand that the information may be verified by the Children's Advocacy Center of Hidalgo County, and that the inclusion and /or admission of any false information or omission of any requested information is cause for my immediate dismissal from volunteer placement or employment at the Children's Advocacy Center of Hidalgo County. I agree to inform the Children's Advocacy Center if this information changes any time during my participation as a volunteer or employee.

Signature: _____

Date: _____

**CHILDREN'S ADVOCACY CENTER OF HIDALGO COUNTY, INC.
ESTRELLA'S HOUSE**

PLEDGE OF CONFIDENTIALITY

Some of the duties of Children's Advocacy Center of Hidalgo County volunteers involve access to personal information about children and their families. These may be clients, volunteers or employees of the Center.

Any information observed in connection with volunteering at the Children's Advocacy Center of Hidalgo County is considered strictly confidential. Confidential information includes information about the client's identity, his or her family's identity, what transpired during any meeting with a client, any information gathered while working with the client or with the client's family as well as any personal information disclosed to you in conversation during their visit at the Center.

APPLICANT/VOLUNTEER PLEDGE OF CONFIDENTIALITY

I promise that I will hold in confidence all pertinent information relating to the individual cases and clients at the Children's Advocacy Center. I will not violate the confidential relationship between the Children's Advocacy Center, its volunteers, participation and related agencies, courts and any and all parties interviewed or present at the center. I will not remove written or taped information or records from the offices of the Children's Advocacy Center of Hidalgo County without expressed permission from the Executive Director or designated professional staff.

I agree to return all information that I have gathered printed information or notations relevant to all cases' and/or clients to whom I have been assigned at the request of the Executive Director or designated members of the professional staff of the Advocacy Center.

I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am responsible and liable for any violation of this agreement.

Signature: _____

Date: _____

CONSENT FOR CRIMINAL AND TDP BACKGROUND HISTORY CHECK
AUTHORIZATION/ WAIVER/ INDEMNITY

It is necessary for the Children's Advocacy Center to perform criminal and DFPS (Texas Department of Family and Protective Services) background checks on our volunteers, student interns and employees due to the population we serve. Please read and sign all following consent forms, which gives approval for the Children's Advocacy Center of Hidalgo County to perform a criminal and DFPS background search.

I hereby give my permission for the Children's Advocacy Center of Hidalgo County to obtain information relating to my criminal and DFPS history record. The criminal and DFPS history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal and DFPS history records check may be repeated at any time. I understand that I will have the opportunity to review the history and a procedure is available for clarification, if I dispute the record as reviewed.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify each of the officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, sums of money, claims, and demands whatsoever, and any all related attorney's fees, court cost, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Applicant's signature Date

Please print name Date

The following information is collected exclusively for the purpose of conducting a record check:

Name _____
 Last First Middle Maiden

Date of Birth _____ / _____ / _____ Sex _____ Race _____

Social Security Number _____ - _____ - _____

Driver's License Number _____ State _____

AGENCY USE ONLY: Please initial upon completion of background checks.

P.D. _____ Sheriff's Dept. _____ CPS _____