



Thank you for taking the time to fill out this application. By doing this, you recognize our purpose in the community which is to provide sanctuary and healing to children of trauma. We appreciate you wanting to join us in our mission for children:

- To provide a **S**afe environment to grow
- To provide an avenue for **E**motional management
- To provide a way to mourn the **L**oss of significant events and people
- To provide a solution focused **F**uture

Please include a copy of your Driver's License and a copy of your Social Security Card as both are required to complete the Texas Department of Family and Protective Services Criminal History Check.

If you have any questions, please do not hesitate to contact Doug Young, doug.young@fostershome.org, or 254-968-2143 ext. 246.



Applicant Name: _____

Applicant Information

DATE: _____

First Name: _____ Middle Name: _____ Last Name: _____

Other Names Used: (Married, Maiden, Etc.) _____

Date of Birth: _____ Social Security Number: _____

Age _____ Sex _____

Desired Role at Foster's Home (Employee, Volunteer, Sponsor, etc...): _____

The following are required for the Texas DFPS Criminal History Check:

United States Citizen: Yes No

Ethnicity: Hispanic Not Hispanic

Race: American Indian/Native Alaskan Asian Black

Native Hawaiian/Pacific Islander White Other

Driver's License Number and Type: _____ State: _____

Phone Numbers: Home: _____ Cell: _____

Email address: _____

Current Address (please include the county):

Permanent Address (please include the county):

List RESIDENCE address for the last 5 years: (Have you live out of state in the last 5 years?) Yes No

List all other cities in TEXAS where you have had residency since you were 14 years old:



Applicant Name: _____

Have you had a TB skin test within the last 12 months? Yes No; If yes, date of test: _____

Have you ever been convicted of a felony or a misdemeanor? Yes No; Explain:

Religious Affiliation: _____

Name and Address of Congregation presently attending:

How did you hear about Foster's Home for Children?

Do you have existing health problems? Yes No; If yes, please describe:

Education History:

Type of School	Name of School	Location	Major/Degree	Did you Graduate? Year?
High School				
College/University				
Other				



Applicant Name: _____

Work History:

Please list your work experience for the past 5 years, beginning with your most recent job held. Please give full names and addresses of employers and dates worked with each. Give full explanation of unemployment or self-employment. Attach additional sheets if necessary.

Employer Name	Address	Position/Job Duties	Reason for Leaving	Dates Worked

Give the names, addresses, and phone numbers of three personal references (other than relatives) acquainted with your reputation in the community in which you have resided for at least 5 years. These should correspond with the reference letters accompanying your application.

Name	Address	Telephone Number	Email Address

I certify that the answers to the questions in this application are true and correct to the best of my knowledge and recollection and that I may be terminated at any time, with or without cause, at the sole discretion and option of the agency.

Signature of Applicant

Date



Applicant Name: _____

Reference Statement

Please offer any appropriate comments concerning your impressions of this individual's personal or professional qualities relative to their desired position. Thank you for your assistance. You may be assured that all information you give us will remain confidential.

1. How long have you known this individual? _____

2. What is your relationship with this individual? _____

3. Please comment on this individual's maturity and stability: _____

4. Describe this individual's character and temperament: _____

5. What are some of this individual's strengths? _____

6. What are some of this individual's growth areas? _____

7. Does this individual have experience working with children? _____

8. Do you know of any instability in this person, such as unusual tension or irritability, gambling, drinking, use of narcotics, history of poor mental health, mental illness, and the like? _____

9. Please add any additional comments you care to make: _____

Signature

Date

Printed Name



Applicant Name: _____

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Signature

Date

Printed Name