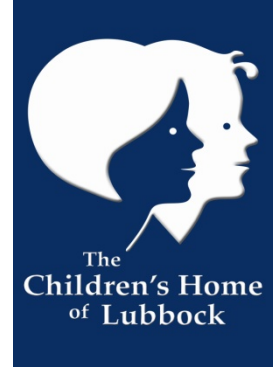


# The Children's Home of Lubbock



Vision:  
Manifesting Christ through  
excellence in Child Care.

MISSION:  
Working in creative collaboration to  
provide quality care that transforms the  
lives of at-risk children and their families  
through the active compassion of Christ.

Thank you for taking the time to fill out an application and being willing to be a part of the Sanctuary Community at The Children's Home of Lubbock. By doing this, you recognize our purpose in the community which is manifesting Christ through excellence in child care. We appreciate you wanting to join us in our mission for children:

- To provide a **Safe** environment to grow
- To provide an avenue for **Emotional** management
- To provide a way to mourn the **Loss** of significant events and people
- To provide a solution focused **Future**

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 Cindy Stephens, [cstephens@childshome.org](mailto:cstephens@childshome.org), or 806-762-0481 ext. 211.

The Children's Home of Lubbock  
Applicant Information

DATE: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other Names Used (Married, Maiden, ETC.) \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

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: \_\_\_\_\_

List RESIDENCE address(es) for the last 5 years:

(Have you lived outside of Texas in the last 5 years? \_\_\_ Yes \_\_\_ No)

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

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

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

Have you had a TB skin test within the last 12 months? \_\_\_ Yes \_\_\_ No

If yes, can you provide us a copy of it?

Do you use tobacco and/or alcohol? \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor? \_\_\_ Yes \_\_\_ No

Explain \_\_\_\_\_

How did you hear about The Children's Home of Lubbock? \_\_\_\_\_

Are you 21 years of age or older? \_\_\_ Yes \_\_\_ No



**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.**

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

**References: (do not include family members)**

1. \_\_\_\_\_  
Name Address Phone Number
2. \_\_\_\_\_  
Name Address Phone Number
3. \_\_\_\_\_  
Name Address Phone Number
4. \_\_\_\_\_  
Name Address Phone Number

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



## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

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**Purpose:** Use this form to submit a background check for individuals required by Texas Administrative Code (TAC) §745.615.

**Directions:** Complete the following information for each person required to have a background check. Additional forms may be downloaded from the DFPS website at [http://www.dfps.state.tx.us/Child\\_Care/Information\\_for\\_Providers/cclforms.asp](http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp).

After completing the form mail to: DFPS, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030. Or fax the form to 512-339-5871.

### OPERATION INFORMATION

Operation Name: The Children's Home of Lubbock and Family Service Agency, Inc.	Operation Number: 5914	Operation Telephone Number (A/C): (806) 762-0481
Operation Address: 4404 Idalou Road Lubbock TX 79403	Operation Mailing Address: PO Box 2824 Lubbock TX 79408	County: Lubbock

### VERIFICATION SIGNATURES

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  X	Date Signed:
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### INDIVIDUAL'S IDENTIFYING INFORMATION

All names used currently or in the past must be provided. If you do not provide every name that the person has used, you may receive inaccurate results.

<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: <input type="checkbox"/> Driver's License: <input type="checkbox"/> State ID: <input type="checkbox"/> None			
First Name:	Middle Name:	Last Name:			
Street Address:	City:	State:	Zip Code:		

**INDIVIDUAL'S IDENTIFYING INFORMATION**

County:	Telephone Number (A/C):	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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You must 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:

Preferred method of contact for scheduling fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the person. This information will be required when the person schedules a fingerprint appointment.

- Email:  
 Telephone Number (Area Code):

Relationship of person to requestor:

- Adoptive Parents     Caregiver     Director     Foster Parent     Household Member     Licensed Administrator  
 Other Staff     Staff     Volunteer     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

Date Hired /Used by the Operation/Agency:	<i>Ethnicity</i> (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
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Other names used (married, maiden, etc.) First Name:	Middle Name:	Last Name:
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**DFPS USE ONLY**

Worker Name (Last, First):	Mail code:
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**PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our privacy policy online at: [www.dfps.state.tx.us/policies/privacy.asp](http://www.dfps.state.tx.us/policies/privacy.asp).