
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 to heal the wounds of troubled children and families. 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 Background Check.

If you have any questions, please do not hesitate to contact Debbie Sanchez, dsanchez@childshome.org, or 806-762-0481 ext. 204

True spirituality that is pure in the eyes of our Father God is to make a difference in the lives of the orphans, and widows in their troubles, and to refuse to be corrupted by the world's values. - James 1:27

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



CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

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.

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.

**AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A
LICENSED FACILITY OR REGISTERED FAMILY HOME**

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed facility, or registered family home whose employment or potential employment with the facility 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: _____