AZLEWAY, INC.

Home of Azleway Boys' Ranch & Azleway Children's Services

APPLICATION FOR EMPLOYMENT

Please read before filling out this application.

Azleway, Inc. does not discriminate in firing or employment on the basis of race, color, religious creed, national origin, sex, ancestry, mental or physical disability, marital status, or on the basis of age or veteran status.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, Azleway, Inc. will conduct a Criminal Background Check for any felony or misdemeanor classified as an offense against persons or family, or of public indecency, or violation of the Texas Controlled Substance Act.

You have the right to request that we disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the Personnel Department of this Agency within a reasonable time after you complete this application.

I hereby acknowledge that I have read the foregoing and understand and agree to the same.

_____ _____

Signature (required for Criminal Background Check) Date

PRINT

First Middle Last Telephone Number

Current Address Social Security Number

City State Zip Code Position Applying For Salary Requirements

Permanent Address How were you referred to us?

City State Zip Code Date Available for Work

A PHOTO COPY OF YOUR DRIVER'S LICENSE IS REQUIRED WITH THIS APPLICATION

AFFADAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A CHILD CARE FACILITY OR REGISTERED FAMILY HOME

AN APPLICANT FOR EMPLOYMENT with a licensed child care facility, residential or day–care, or registered family home whose employment or potential employment with the facility or registered family home involves the opportunity for or the direct interaction with children must execute and submit the following affidavit with the application for employment.

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:

Been convicted of, pleaded guilty to (whether or not resulting in a conviction), pleaded nolo contend ere or no contest to, admitted, had any judgment or order rendered against me (whether by default or otherwise), entered into any settlement of an action or claim of, had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of, resigned under threat of termination of employment or volunteerism for, had a report of child abuse or neglect made and substantiated against me for, or 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:
17. Any type of child abduction: or,

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

Name: _____ Date: _____

_____ DOB: _____
Signature

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1. Are you currently a DFPS employee or DFPS board member?…… _____yes _____no
2. Were you formerly a DFPS employee or board member whose last day of duty with DFPS was within the past two years?…… _____yes _____no
3. Are you related (see Relationship key below) to a current DFPS employee or DFPS board member?…… _____yes _____no
4. Are you related (see Relationship key below) to a former DFPS employee or DFPS board member whose last day of service to DFPS was within the past two years?……. _____yes _____no

Wife	Brother	Stepdaughter	Spouse's Sister	Mother
Husband	Sister	Stepson	Spouse's Brother	Daughter
Father	Son	Mother-in-law	Father-in-law	

I certify that the information above is true and correct to the best of my knowledge. I understand that lack of full, true and complete disclosure may be good cause for refusal to hire or, if hired, grounds for termination.

_____
Signature of Applicant

CRIMINAL BACKGROUND CHECK

According to the laws of the State of Texas, you must pass a criminal background check in order to work or volunteer in a child-care facility.
Please list ALL arrests, deferred adjudications, convictions or altercations with law enforcement (if none, write NONE):

1. _____

2. _____

3. _____

4. _____

I understand that, if employed, any misstatement or omission of fact on this criminal background check shall be cause for dismissal.

_____ _____
Signature of Applicant Date

EDUCATION

	Name	City-State	Major Course or Subject	Circle Last Year Completed	Degree
High School or Preparatory				1 2 3 4	
Trade, Business Or Correspondence School				1 2 3 4	
College				1 2 3 4	

PERSONAL REFERENCES (one relative and two non-relatives)

Name	Relationship	Daytime Phone #
1.		
2.		
3.		

EMPLOYMENT RECORD

Beginning with present or last employers, list all full-time or part-time positions.

1. COMPANY NAME & TELEPHONE NUMBER	FROM Mo/Yr	TO Mo/Yr	SALARY Starting	SALARY Final	Name & Title of Supervisor
	REASON FOR LEAVING				
YOUR JOB TITLE & DUTIES					

2. COMPANY NAME & TELEPHONE NUMBER	FROM Mo/Yr	TO Mo/Yr	SALARY Starting	SALARY Final	Name & Title of Supervisor
	REASON FOR LEAVING				
YOUR JOB TITLE & DUTIES					

3. COMPANY NAME & TELEPHONE NUMBER	FROM Mo/Yr	TO Mo/Yr	SALARY Starting	SALARY Final	Name & Title of Supervisor
	REASON FOR LEAVING				
YOUR JOB TITLE & DUTIES					

Please read before signing:

If you have any questions regarding this statement, please ask the employment interviewer before signing.

If Azleway, Inc. employs me, I understand that my employment can be terminated by me or by the agency with or without cause and without prior notice. All policy statements of Azleway, Inc., including policy and procedure manuals and employee handbooks, are strictly internal guidelines issued at the sole discretion of Azleway, Inc. and do not have the effect of changing either the term or terminability of my employment.

I hereby declare that the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if employed any misstatement or omission of fact on this application shall be cause for dismissal.

I understand that if I am offered and accept employment by the agency, such employment is conditional and subject to my completion on INS Form I-9 and my meeting the eligibility requirements set forth therein and under applicable federal law.

I UNDERSTAND THAT IF I AM OFFERED AND ACCEPT EMPLOYMENT BY THE AGENCY, SUCH EMPLOYMENT IS CONDITIONAL AND SUBJECT TO MY PASSING A TB TEST, A DRUG SCREEN, HAVING A CLEAR MVR, AND A CLEAR CRIMINAL BACKGROUND.

I hereby acknowledge that I have read the above statement and understand the same.

_____ _____

Signature of Applicant Date