

EMPLOYMENT APPLICATION



Check One ("Ministry")

☐ Children At Heart Ministries

☐ Gracewood

☐ Miracle Farm

☐ Texas Baptist Children's Home

Instructions: Complete all pages. Complete online or print and complete. Print clearly; incomplete or illegible applications will not be processed. Please note "Not applicable" if not answering question.

POSITION APPLIED FOR: _____ TODAY'S DATE: _____

LEGAL NAME

(as it appears on
Social Security card)

FIRST _____

MIDDLE _____

LAST _____

PREFERRED NAME _____

CURRENT ADDRESS

STREET _____

CITY _____

STATE _____

ZIP _____

PRIOR ADDRESS

STREET _____

CITY _____

STATE _____

ZIP _____

EMAIL ADDRESS _____

Salary Desired: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

AVAILABILITY

Date you can begin work: _____

I can work the following:

(check all that apply)

☐ Weekdays

☐ Weekends

☐ Evenings

☐ Nights

☐ 24-hour live-in

☐ Overtime

☐ Shift

☐ Other _____

EMPLOYMENT INFORMATION

☐ Yes ☐ No Are you 18 years or older? (Texas requires employee to be at least 21 for some licensed program positions)

☐ Yes ☐ No Have you worked for this Ministry previously? If yes, when and where _____

☐ Yes ☐ No Have you submitted an application to this Ministry before? If yes, when _____

List Friends or relatives working for this employer: _____

Where specifically did you hear about this position? _____

PROFESSIONAL LICENSES AND CERTIFICATIONS

☐ Yes ☐ No Do you hold a professional license for the position for which you are applying:

Name of license/certification _____

License/certification number _____ Issuing State _____

☐ Yes ☐ No Has your license/certification ever been revoked or suspended? _____

If yes, state the reason(s), date of revocation or suspension and date of reinstatement _____

EMPLOYMENT APPLICATION

EDUCATION

Please mark the highest grade completed 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16+ ☐

Did you graduate under a different last name? ☐ Yes ☐ No

If yes, list the last name you graduated with

EDUCATION	NAME/ADDRESS, CITY & STATE	COMPLETED	DEGREE/MAJOR/GRADUATION DATE
High School		☐ Yes ☐ No	
Under Graduate College		☐ Yes ☐ No	
Graduate & Professional School		☐ Yes ☐ No	
Technical/Trade Other training		☐ Yes ☐ No	

JOB-RELATED SKILLS

IF REQUIRED FOR JOB, INDICATE ANY FOREIGN LANGUAGES YOU SPEAK, READ AND WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS & EXTRA-CURRICULAR ACTIVITIES			
<hr/> <hr/> <hr/>			
STATE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN CONSIDERING YOUR APPLICATIONS			
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PERSONAL REFERENCES

Please list three individuals that have known you well for at least one year. Do not include names of supervisors listed in this application or immediate family members.

TYPE OF REFERENCE	PERSONAL	PERSONAL	EXTENDED FAMILY
NAME			
ADDRESS			
CITY			
STATE, ZIP			
PHONE			

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, ***the correct telephone numbers of past employers are critical.*** List your most recent position first, use additional sheets if necessary. Explain any periods of unemployment or time periods between times employed.

MOST RECENT EMPLOYER				
COMPANY NAME		CITY	STATE	ZIP
ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? ☐ Yes ☐ No		IF YES, MAY WE CONTACT? ☐ Yes ☐ No		
JOB TITLE	SUPERVISOR NAME		COMPANY PHONE	
JOB DUTIES				
FROM: _____	TO: _____	\$ _____	PER _____	
DATES EMPLOYED		(SALARY, HOUR, WEEK, MONTH)		
REASON FOR WANTING TO LEAVE				

2nd MOST RECENT EMPLOYER				
COMPANY NAME		CITY	STATE	ZIP
JOB TITLE		SUPERVISOR NAME		COMPANY PHONE
JOB DUTIES				
FROM: _____	TO: _____	\$ _____	PER _____	
DATES EMPLOYED		(SALARY, HOUR, WEEK, MONTH)		
REASON FOR LEAVING:				

3rd MOST RECENT EMPLOYER				
COMPANY NAME		CITY	STATE	ZIP
JOB TITLE		SUPERVISOR NAME		COMPANY PHONE
JOB DUTIES				
FROM: _____	TO: _____	\$ _____	PER _____	
DATES EMPLOYED		(SALARY, HOUR, WEEK, MONTH)		
REASON FOR LEAVING:				

4th MOST RECENT EMPLOYER				
COMPANY NAME		CITY	STATE	ZIP
JOB TITLE		SUPERVISOR NAME		COMPANY PHONE
JOB DUTIES				
FROM: _____	TO: _____	\$ _____	PER _____	
DATES EMPLOYED		(SALARY, HOUR, WEEK, MONTH)		
REASON FOR LEAVING:				

Have you ever been terminated or asked to resign by any employer? ☐ Yes ☐ No If yes, provide employer, date and circumstances: _____

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DRIVER'S LICENSE INFORMATION

☐ Yes ☐ No If the job requires, do you have the appropriate valid driver's license?
Name on license _____ DL # _____
Type _____ State of Issue _____

☐ Yes ☐ No Have you had any moving violations within the last 7 years: Please Describe _____

☐ Yes ☐ No Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? If yes, give reason _____

Please list all states from which you hold or have held a driver's license: _____

CRIMINAL HISTORY

Please note that a "Yes" answer of the following questions will not necessarily disqualify you from employment. However, applicants convicted of certain criminal offenses may be ineligible for employment *under applicable* Texas law. Factors such as the age and time of the offense, seriousness and nature of the violations, and rehabilitation will be considered when making any employment decisions. Use additional paper if necessary for each of the following:.

☐ Yes ☐ No Have you ever been convicted of a crime? Do not include convictions that were sealed or expunged pursuant to a court order. Please explain any "Yes" answer. _____

☐ Yes ☐ No Are you currently awaiting trial for any criminal offense? Please explain any "Yes" answer. _____

☐ Yes ☐ No Have you ever initiated an act of violence in the workplace? ? Please explain any "Yes" answer. _____

PERMISSION TO WORK IN THE UNITED STATES

☐ Yes ☐ No Are you legally eligible to work in the United States? *Proof of employment eligibility will be required if hired.*

PLEASE COMPLETE THIS PART ONLY IF YOU ARE APPLYING FOR A POSITION IN CHILDCARE, CASE MANAGEMENT, CHILD CARE SERVICES OR COUNSELING

Describe work, volunteer or personal experiences in supervising groups of children.

Describe how your knowledge, skills and abilities fit the job position.

Do you prefer to work with a specific age, group or sex? Explain reason _____

Other comments relating to work with groups of children and youth on a daily basis. _____

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APPLICANT NOTE

The Ministry is a faith-based, non-profit corporation, serving children and families in need. Some of the Ministries are licensed and actively regulated by the Texas Department of Family and Protective Services and are frequently and periodically audited and reviewed by licensing investigators for compliance with State Licensing Standards and the Texas Family Code.

The Ministry is an equal opportunity employer and does not discriminate in employment on the basis of race, color, sex, national origin, disability, or age. Employment decisions are subject to the legitimate business requirements of the Ministry and are based on an individual's qualifications, merit, and performance. As a religious, nonprofit institution, the Ministry is exempt from the general duty to be nondiscriminatory on the basis of religion in employment and reserves the right to prefer employees or prospective employees on the basis of religion. All employees must adhere to our Statement of Faith. This prerequisite for employment is based upon federal guidelines provided in Title VII.

Please state your religion and the community of faith in which you are a member _____

The Ministry will cooperate fully with all law enforcement authorities in the prosecution of any individual found to be involving or exposing any child or young person in care, to any illicit activities and/or unlawful behavior(s).

This application form is intended for use in evaluating your qualifications for employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. This employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by the Ministry. If hired, such employment shall be considered "at-will" and this application is not intended to constitute a contract of continued employment. Employment and compensation may be terminated by the Ministry at any time and for any reason whatsoever, with or without good cause at the option of either the Ministry or the employee. It is further understood that this at-will employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of the Ministry.

All employment offers must be made in writing by an authorized executive of the Ministry. Employment offers will be conditional on the satisfactory completion of any required pre-hire verifications and screenings including, but not limited to, criminal background checks, educational verifications, reference and job verifications, drug screenings, medical screenings, driving verifications and verification of eligibility to work. No representative of the Ministry has the authority to enter into any oral agreement for employment for a specified period of time or to make an oral agreement contrary to the foregoing.

Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on Ministry policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the Ministry. Smoking is prohibited in all indoor and outdoor areas of the Ministry's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

This application will be kept in the Ministry's active files only until the position for which it was submitted is filled. If the applicant is not hired, the applicant must complete a new application to be considered for employment.

CERTIFICATION AND RELEASE

I certify that I have read and understand the **Applicant Note** on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the Ministry and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release the Ministry (or its designee) from any and all liability resulting from the verification of such information. I also understand that the use of illegal drugs is prohibited during employment. If Ministry policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. If hired, I agree to comply with all applicable laws and the Ministries' policies and procedures.

I have read and understand the above statements and agreements and understand the same. This application is complete and accurate to the best of my knowledge.

SIGNATURE	DATE 08/27/2021
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