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Use Additional Pages If Needed

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma
	Middle School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School or GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

J O B  R E L A T E D  S K I L L S	Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you fluent in Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No	List additional languages: _____
	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide the following information:	
	Type: _____ State: _____ License Number: _____	
	Type: _____ State: _____ License Number: _____	
	Describe any specialized training, apprenticeship, skills, volunteer, and extra-curricular activities: _____ _____ _____	
List professional, trade, business or civic activities and offices held. <i>(Exclude groups whose names would indicate race, color, religion, gender, national origin, age, ancestry, disability or other protected status):</i> _____ _____		
Are you certified in First Aid and/or CPR? First Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No CPR: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Food Handler's Card? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you attended Defensive Driving Training? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you answered "Yes" to any of the above, please present/attach certification)</i>		
Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what Branch? <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines	
Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guards	
Describe any job-related training received while serving in the military relevant to the position for which you are applying: _____ _____		

After reviewing the job description(s), are you able to perform the duties of the job(s) for which you are applying with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Accommodation needed: _____

Please Print

Use Additional Pages If Needed

List all employers you have had in the last 10 years, start with the current or most recent one first. Include part-time and temporary employment, volunteer activities and any military service. Account for all periods of inactivity.

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Name Employer #1:		Dates Employed:		Work Performed:
Address:		From	To	
Telephone Numbers: (    ) (    )		Hourly Rate/Salary:		
		From	To	
Start/Present Job Title:				Reason for Leaving:
Supervisor:				
Name Employer #2:		Dates Employed:		Work Performed:
Address:		From	To	
Telephone Numbers: (    ) (    )		Hourly Rate/Salary:		
Start/Present Job Title:				Reason for Leaving:
Supervisor:				
Name Employer #3:		Dates Employed:		Work Performed:
Address:		From	To	
Telephone Numbers: (    ) (    )		Hourly Rate/Salary:		
Start/Present Job Title:				Reason for Leaving:
Supervisor:				
Name Employer #4:		Dates Employed:		Work Performed:
Address:		From	To	
Telephone Numbers: (    ) (    )		Hourly Rate/Salary:		
Start/Present Job Title:				Reason for Leaving:
Supervisor:				
Name Employer #5:		Dates Employed:		Work Performed:
Address:		From	To	
Telephone Numbers: (    ) (    )		Hourly Rate/Salary:		
Start/Present Job Title:				Reason for Leaving:
Supervisor:				

**EMPLOYMENT HISTORY CONTINUED:**

Comments: Include explanation of any gaps in employment.

We may contact the employers listed on the previous page unless you indicate those you do not want us to contact?

**Do Not Contact:**

Employer Number (s): \_\_\_\_\_

Reason: \_\_\_\_\_

In which states have you lived in the past 10 years?

Other than El Paso, list other cities within Texas where you have resided:

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Have you used any names or Social Security numbers other than those listed on the first page of this Application?  Yes  No If so, please list them:

Have you ever been convicted of a crime (felony or misdemeanor) other than traffic violations?  Yes  No If so, describe below:  
 ( Date) (City/State) (Charge)

Are you currently under indictment for, or has an official complaint been filed against you, alleging, commission of a felony or misdemeanor?  Yes  No  
 If so, describe:

**PERSONAL/PROFESSIONAL REFERENCES**

You must provide at least three personal references. Do not include family members or past supervisors.

Name/Occupation	Complete Address/Phone Number	Years Known/ Relationship

This application form is intended for use in evaluating your suitability for employment with this agency. It is not an employment contract or a guarantee of employment. If an offer of employment is extended, it is understood that the employer may terminate the employment at any time, with or without cause and without prior notice, unless required by law. Please answer all questions completely. Prospective employees will receive consideration without regard to race, creed, color, sex, age, national origin, disability, marital, veteran status or any other legally protected status. By completing and submitting this application I fully understand and accept all terms and conditions listed throughout this application.

**If desired, enclose résumé and any other credentials/documents with your submission. Please ensure that all enclosed attachments are signed and dated.**

# LEE & BEULAH MOOR CHILDREN'S HOME

1100 Cliff Drive, El Paso, Texas 79902  
(915) 544-8777

## APPLICANT DISCLOSURE AFFIDAVIT

*(Please read carefully)*

Our agency screens prospective employees, foster/adoptive parents and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. This disclosure is required to be completed, in order to be considered, by applicants whose employment or potential employment with the facility or registered or licensed family home involves the opportunity for or the direct interaction with children. Information obtained is not an automatic bar to employment, foster care or volunteer work, but is considered in view of all relevant circumstances. Any falsification, misrepresentation, omission, or incompleteness in this disclosure alone is grounds for disqualification or immediate termination at any time during the course of employment.

APPLICANT: \_\_\_\_\_  
*(Please print complete name and last four (4) digits of Social Security number)*

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:

<b>Yes</b>	<b>No</b>	<i>(Initial "yes" or "no" and provide brief explanation for a "yes" answer on back of form)</i>
_____	_____	Been convicted of;
_____	_____	Pleaded guilty to (whether or not resulting in a conviction);
_____	_____	Pleaded <i>nolo contendere</i> or no contest to;
_____	_____	Admitted to;
_____	_____	Had any arrests or warrants issued or pending for;
_____	_____	Had any judgment or order rendered against me (whether by default or otherwise);
_____	_____	Pending any civil or criminal court litigation for;
_____	_____	Entered into any settlement of an action or claim of;
_____	_____	Had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of;
_____	_____	Been diagnosed as having or been treated for any mental or emotional condition arising from;
_____	_____	Resigned under threat of termination of employment or volunteer work; or,
_____	_____	Have or had any criminal charges (pending or otherwise) against me in this or any other jurisdiction for;

Any allegation, any conduct, matter, or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

<b>Yes</b>	<b>No</b>	<i>(Initial answer "yes" or "no" and provide brief explanation for a "yes" answer below.)</i>
_____	_____	Any felony;
_____	_____	Crime(s) against person(s);
_____	_____	Robbery, theft or fraud;
_____	_____	Assault, battery, or other offense upon a person;
_____	_____	Assault, battery, or other offense involving a minor;
_____	_____	Drug- or alcohol-related offenses;
_____	_____	Rape or other sexual assault;
_____	_____	Incest;
_____	_____	Abuse and/or neglect of a minor or child, whether emotional, physical or sexual;
_____	_____	Kidnapping, false imprisonment, or abduction;
_____	_____	Sexual harassment;
_____	_____	Sexual exploitation of a minor;
_____	_____	Sexual misconduct with a minor;
_____	_____	Annoying/molesting a child;
_____	_____	Lewdness and /or indecent exposure;

<b>Yes</b>	<b>No</b>	<i>(Initial "yes" or "no" and provide brief explanation for a "yes" answer below.)</i>
_____	_____	Lewd and lascivious behavior;
_____	_____	Obscene or pornographic literature, photographs, or videos;
_____	_____	Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
_____	_____	Unfitness as a parent or custodian;
_____	_____	Removing children from a State or concealing children in violation of a law or court order;
_____	_____	Restrictions or limitations on contact or visitation with children or minors;
_____	_____	Any type of child abduction;
_____	_____	Similar or related conduct, matters, or things; or,
_____	_____	Accusation of any of the fore-mentioned.

**Explanations:** *(If you answered "yes" to any of the above, please explain. If none, write "none".)*

<b>Description</b>	<b>Dates</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**The failure or refusal of the applicant to complete, sign or provide the affidavit constitutes good cause for refusal to give consideration for employment or hire the applicant.**

The above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

**LEE & BEULAH MOOR CHILDREN'S HOME**

1100 Cliff Drive,  
El Paso, TX 79902  
Phone: (915) 544-8777  
Fax: (915) 532-1368

**AUTHORIZATION & RELEASE OF LIABILITY FORM**

The information provided in this form is intended solely as authorization and release in gathering information for evaluating your suitability for employment with this agency. It is not an employment contract or a guarantee of employment. Please complete this form in its entirety. Prospective employees will receive consideration without regard to race, creed, color, sex, age, national origin, disability, marital, veteran status or any other legally protected status.

I, \_\_\_\_\_, Date of Birth\* \_\_\_\_\_,  
(Print Full Name)

Place of Birth \_\_\_\_\_, Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_,  
(City and State)

Driver License (State & Number) \_\_\_\_\_, do hereby authorize Lee & Beulah Moor Children's Home to conduct an investigation into my personal and employment background to include, but not necessarily be limited to, my previous employment history (including Social Security Number verification); earnings history; civil litigation history; criminal arrest, conviction and disposition history; driving history; personal and/or business credit history; educational background; address and telephone history; professional license history; and general reputation for character and honesty.

I hereby authorize any individual, corporation, company, institution or government agency to release to Lee & Beulah Moor Children's Home or an agent acting on Lee & Beulah Moor Children's Home's behalf any information, documents, or opinion they possess concerning me or my reputation as an employee, student, debtor, associate or acquaintance.

I release, indemnify, and forever hold harmless Lee & Beulah Moor Children's Home and their agents or assigns, from any and all claims and/or liabilities that may arise as a result of their investigations into my personal and employment background, as that is described above, or from any fingerprint procedures, photographs, physical examinations, speech perception test, x-rays, drug testing procedures, other medical diagnostic procedures, or polygraph examinations conducted by them or their suppliers. This Authorization & Release of Liability shall not be applicable to any gross negligence on the part of gross negligence on the part of Lee and Beulah Moor Children's Home.

I release, indemnify, and forever hold harmless any individual, corporation, company, institution, or government agency and their agents or assigns who may act upon authority of this Authorization & Release of Liability.

I hereby authorize and certify that a photocopy or electronic facsimile of this Authorization & Release of Liability shall serve with the same authority as the original.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\*The Age Discrimination in Employment Act prohibits discrimination against employees and applicants who are 40 years or older on the basis of age.

# LEE & BEULAH MOOR CHILDREN'S HOME

## STATEMENT OF CONFIDENTIALITY

Lee & Beulah Moor Children's Home (LBMCH) requires all staff members (employees, foster parents, volunteers, interns, contract workers and other applicable persons) to adhere to strict professional and ethical standards regarding information pertaining to its staff, children in care, clients and/or family members. Staff members having access to or knowledge of sensitive or confidential information concerning other LBMCH staff members, children in care, clients and/or family members will be held in the **STRICTEST CONFIDENCE**.

Confidential information will not be disclosed or shared with anyone outside LBMCH home without written consent of the employee, the conservator of a child(ren) in care, clients and/or family members or in some cases the CEO as addressed in specific policies. Confidential information discussed internally should be for business purposes only and as a need-to-know basis only. Staff members are charged with protecting the right to privacy that every staff member, child in care, client and/or family member deserves. Examples of information to be considered confidential (*for additional information, consult Confidentiality Policy*):

1. Medical information, i.e., illness, occupational injuries, medical and family leaves of absence, disability accommodation, except in cases when there is a need-to-know basis.
2. Clients seeking information, consultation, or the status of actual placement of a child(ren) in any of the LBMCH programs or services (residential, adoption or foster care).
3. Agency financial (i.e., billing information, adoption fees, financial assistance) and personnel information such as performance evaluations, wage/salary information, except in cases when there is a need-to-know basis.
4. Personal information concerning employees, volunteers, interns, children in care, clients, family members or other applicable persons disclosed to unauthorized third parties or used as a means of gossip.
5. Controversies or conflicts within or between departmental staff.

Generally, anything not designated as public information should be treated confidentially. LBMCH staff will not participate in or discuss sensitive information in any location where confidentiality cannot be guaranteed. The obligation to maintain confidentiality and to protect sensitive information gained through the course of employment concerning employees, child(ren) in care, clients or family members extends after termination of employment or service with LBMCH. The information gained by staff members in the course of carrying out their assigned responsibilities is proprietary to LBMCH. Failure to adhere to LBMCH confidentiality guidelines will result in disciplinary action, up to and including termination of employment. In some cases if confidentiality is not maintained, the law provides for both civil and criminal penalties for violations. In determining the appropriateness to disclose sensitive or protected information, unless otherwise authorized, the CEO is the final approving authority.

I have read the above Statement of Confidentiality and agree to abide by these standards as stated above and in the Confidentiality Policy.

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*Applicant Signature*

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*Date*

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*Printed Name*

**IMPORTANT - READ CAREFULLY**

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- A. I certify that the answers given by me in this Application are true and complete to the best of my knowledge and understand that any false or misleading information given on this Application may result in rejection of my application. In the event of employment, I understand that, any false or misleading information given in my application or interview(s) and later discovered at anytime during the course of employment may result in discharge. I understand that I am required to abide by all policies and procedures of this Agency.
- B. I authorize the Agency to investigate all statements made by me, and to contact all persons, companies, governmental agencies and schools named by me in this Application; I authorize all such persons, companies, governmental agencies and schools to provide all information known to them requested by the Agency concerning my employment history, character and qualifications; and I hereby release and forever discharge all such persons, companies and schools from any and all claims or causes of action, State or Federal, at equity or common law, including claims for defamation or invasion of privacy, which I might otherwise have against them for providing such information.
- C. I understand that in processing this Application the Agency may request that an investigative consumer report be prepared which may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to request that the Agency completely and accurately disclose to me the nature and scope of the investigation requested, if I make such request in writing to the Human Resources Office within a reasonable time after completing the Application.
- D. I understand that prior to final employment with the Agency, I may be required to submit to and pass various examinations, including an aptitude examination, a background questionnaire, criminal history check, driving record check and a comprehensive medical examination, including a drug and alcohol screening procedure, failure to submit to and/or pass such exams will be grounds for not hiring or terminating me.
- E. I understand that I may be given uniforms, merchandise, and equipment or entrusted with monies or other valuable property, and in the event I fail to return and/or properly account for such monies and property, the Agency is authorized to deduct or withhold my salary or wages up to the value of the monies or property owed by me.
- F. I understand that, unless otherwise defined by applicable law, any employment relationship with this Agency is of an "at will" nature, which means that I may resign at anytime or that my employment may be terminated at anytime, without cause or notice. I understand that no representative of the Agency other than the Chief Executive Officer (CEO) has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the CEO or it is not binding on the Agency.
- G. I understand that this Application will be considered active for up to 45 days. If I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.
- H. I understand that, in event of employment, the Agency will conduct every two years a criminal history check and every year a driver's record check. In the event subsequent criminal history checks reveals an indictment or conviction of any felony classified as an offense against the person or family, or of public indecency, or of violations of the Texas Controlled Substances Act, or of any misdemeanor classified as an offense against the person or family or of public indecency; or for whom "reason to believe" (or a comparable determination in another state) has been determined for child abuse and/or neglect may be cause for immediate discharge. Additionally, I understand that I may be discharged in the event the Agency's insurance carrier refuses to insure or determines that I am an at risk driver as result of subsequent drivers record checks.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

## LEE & BEULAH MOOR CHILDREN'S HOME

### **APPLICANT PRE-EMPLOYMENT DRUG-SCREENING ACKNOWLEDGMENT FORM**

In order to assure the health and safety of our employees and clients, Lee & Beulah Moor Children's Home (LBMCH) reserves the right to perform pre-employment illegal drug or controlled substance screening of selected applicants. Therefore, an applicant being considered for hire must undergo and pass a drug screening test as a condition of employment. A copy of the *LBMCH Alcohol and Controlled Substance* policy is available from the HR Department upon request.

Selected applicants must complete a drug screening test within 24 hours after an offer is extended. Failing to test within 24 hours will be cause to rescind the offer of employment. The selected applicant must go to the Human Resources office to obtain the necessary forms for a drug screening. Under no circumstances will an applicant be allowed to begin work prior to passing the mandatory drug screening.

The actual drug screening will be performed at the drug screening facility. Drug screening results are returned to the Human Resources, usually within 24 to 48 hours. Human Resources will inform the hiring department if the selected applicant is approved for employment.

Selected applicants will be given the opportunity to report confidentially the use of prescription or non-prescription medication. Certain prescriptions and over-the-counter medications may affect test results so it is important to disclose information regarding the medication the applicant is using.

An applicant with a confirmed positive drug test result has the right to contest or explain that result. This challenge must be made within 48 hours after notification of the positive test result. It shall be the applicant's responsibility to provide all necessary documentation to explain the cause of the positive test result (i.e., doctor's report, signed prescription, etc.).

Applicants notified of confirmed positive test results have the right to request a re-test of their original specimens. However, arrangements and payment for the re-test are the responsibility of the applicant. An applicant has the right to consult the testing laboratory for technical information regarding prescription and non-prescription medication. The Human Resource office will provide the applicant with the information required for requesting a specimen re-test.

All documentation will be kept confidential. An applicant who fails the drug test may reapply for employment consideration after a period of one year.

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*Applicant Signature*

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*Date*

---

*Printed Name*

**LEE & BEULAH MOOR CHILDREN'S HOME**

**SUPPLEMENTAL APPLICATION  
RESIDENT YOUTH WORKER  
(Complete if applying to work with children)**

Why do you want to work with and care for children and/or adolescents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe work or volunteer experience in supervising groups of children and/or adolescents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What age group or gender do you prefer to work? Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other business or personal experiences or training have you had that may have prepared you for this position?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do feel that group youth care is an occupation for which you are suited? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

# LEE & BEULAH MOOR CHILDREN'S HOME

## APPLICATION ACKNOWLEDGMENT AND RELEASE

Please read and initial each paragraph below. This page must accompany the application. If there is any part of this page you do not understand, please ask a staff member from the Human Resource Office before submission.

- \_\_\_\_\_ 1. **Truthful and Complete Information Contained in Application.** I certify and affirm that the answers and information given by me in this Application are true and complete to the best of my knowledge and understand that any false or misleading answers or information given on this Application will result in rejection of my application or discharge if discovered during my employment.
- \_\_\_\_\_ 2. **Authorization to Conduct Background Investigation and Release of Liability for Conducting Background Investigation.** I authorize the Lee & Beulah Moor Children’s Home (LBMCH) to investigate all statements made by me, and to contact all references, persons, companies, governmental agencies and schools named by me in this Application. I also authorize the LBMCH to conduct a criminal and driving background investigation on me. I further authorize all such references, persons, companies, governmental agencies and schools to provide all information known to them requested by the LBMCH concerning my employment history, character, criminal background information, driving history, degrees and qualifications and, in consideration for being considered for employment by the LBMCH, I hereby specifically release and forever discharge all such persons, companies and schools from any and all claims or causes of action, including claims for defamation or invasion of privacy, which I might otherwise have against them for providing such information. In consideration for being considered for employment by the LBMCH, I further release and forever discharge the LBMCH for any and all claims or causes of action, including claims for invasion of privacy, which I might have against the LBMCH for discussing my employment history, character, criminal background, driving history, degrees or qualifications with any person or entity named in this Application or with any unit of federal, state or local government.
- \_\_\_\_\_ 3. **Investigative Consumer Report.** I understand that in processing this Application, the LBMCH may request that an investigative consumer report be prepared which may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to request that the LBMCH completely and accurately disclose to me the nature and scope of the investigation requested, if I make such request in writing to the Human Resource Director within a reasonable time (normally seven working days) after completing the Application.
- \_\_\_\_\_ 4. **Pre-Employment Examinations.** I understand that prior to commencing employment with the LBMCH, I may be required to submit to and pass various examinations, including a background questionnaire and a comprehensive medical examination and a drug and alcohol screening procedure, and that failure to submit to and/or pass such exams will be grounds for not hiring or terminating me.
- \_\_\_\_\_ 5. **“At Will” Employment.** I understand that if I am employed by the LBMCH I may resign at any time and that my employment may be terminated at anytime, without cause or notice. I understand that no representative of the LBMCH other than the Chief Executive Officer (CEO) has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the CEO or it is not binding on the LBMCH.
- \_\_\_\_\_ 6. **Application Active Period.** I understand that this Application will be considered active only for the job posting for which it submitted or for a period of 45 days, whichever is later. If I wish to be considered for employment other than this job posting or beyond 45 days, I must call to re-activate my application or submit a separate job application (or a copy of this application) for that posting.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

### Who is required to have a Named-Based Background Check for Criminal History and History of Abuse or Neglect?

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child-care operation to provide identifying information to the Texas Department of Family and Protective Services (DFPS) on the director, owner, and operator of the operation; each current and prospective employee; each current or prospective foster parent providing foster care through a child-placing agency; each prospective adoptive parent seeking to adopt through a child-placing agency; and each person 14 years of age, other than a client in care who: is counted in child-to-caregiver ratios, will reside in a prospective adoptive home if the adoption is through a child-placing agency, has unsupervised access to children in care at the operation or resides in the operation, or will regularly or frequently be staying or working at an operation or prospective adoptive home while children are in care. The information provided below will be used to run a name-based background check for any criminal history and history of abuse or neglect (central registry check).

### Who is required to have a Fingerprint-Based Criminal History Check?

As part of the background check process, it may be necessary for you or your staff to be fingerprinted through the applicant fingerprinting service center for the Texas Department of Public Safety (DPS). The following must request a fingerprint-based criminal history check:

- Any person required to have a name-based background check that has lived outside of Texas within the past five (5) years or you have reason to believe has a criminal history in another state is required to have a fingerprint-based criminal history check.
- Child-placing agencies and independent foster homes that will accept the placement of children for whom DFPS is the managing conservator must request a fingerprint check for any foster or adoptive parent applicant, including a person who has adopted in the past and who applies to adopt again unless the person is also verified as a foster/adopt home; and any adults 18 years or older living in the home of a foster or adoptive parent applicant.
- Child-care centers must request a fingerprint-based criminal history check for the directors, owners, operators, or administrators of the center; current and prospective employees; any person(s), including volunteers, who are counted in the child/caregiver ratio; and any person who has unsupervised access to children in care.

If a person has a DPS clearinghouse record from a fingerprint check conducted by another entity that is available for review by DFPS, then the person is not required to submit his/her fingerprints again. You must check the "FBI Results in DPS Clearinghouse" check box on form 2971 and notify the Centralized Background Check Unit Support Line at 800-645-7549 or send an email to [RCCLFBIREULTS@dfps.state.tx.us](mailto:RCCLFBIREULTS@dfps.state.tx.us) so that the clearinghouse record may be verified.

### When must I complete the background check request?

Each person at your operation who is required to have a background check must complete all required background checks prior to having direct access or providing direct care to the children in care and once every 24 months thereafter.

### How do I submit a background check request?

If	then
You are applying for a permit	you must send your background check request form along with your application to your local licensing office.
You are a Licensed Child-Care Center or Residential Care permit holder	you must submit your background check requests via the Internet.
You are a Licensed Child-Care Home or Registered Home	you may submit your background check requests via the Internet or the background check form to: DFPS, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.
You are a Listed Home permit holder	you may submit your background check requests via the Internet or the background -check form to: DFPS, Listed Home Unit, P.O. Box 149030, Mail Code: 121-8, Austin, TX 78714-9030.

Background check requests may be submitted at the following address:

[www.dfps.state.tx.us/Child\\_Care/Search\\_Texas\\_Child\\_Care/ppFacilityLogin.asp](http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp).

**NOTE:** If you are submitting your request via the Internet please DO NOT submit this form to your licensing office.

### Is there a fee for processing background check requests?

Background check processing fees are included in the annual fee for Listed Homes. All other operation types, you must pay a **\$2 fee** for each person listed on this form or submitted via the Internet. Submit Form 2988-A, Child Care Fee Schedule, along with the fee(s), to: **DFPS, Accounting Division MC: E-672, P.O. Box 149030, Austin, TX, 78714-9030**. Failure to submit fee payments can result in **adverse action including suspension or revocation**.

A fee of **\$44.20** must be paid to the DPS Fingerprinting Service Center for each person obtaining fingerprint checks at the time the fingerprint check is run. See [http://www.dfps.state.tx.us/Documents/Child\\_Care/Forms/2965.doc](http://www.dfps.state.tx.us/Documents/Child_Care/Forms/2965.doc) for additional information and an application for fingerprint-based checks.

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Operation Name	Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)	Operation Mailing Address (City & Zip)	County

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

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.

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Printed Name of Director, Owner, or Operator      Signature of Director, Owner, or Operator      Date

<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 - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:							
Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> 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) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated							
Date Hired /Used by the Operation/Agency		Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander			
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

<b>DFPS Use Only</b>	Worker Name--Last, first	Mail Code
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