

LEE & BEULAH MOOR CHILDREN'S HOME

1100 E. Cliff Dr. El Paso, Texas 79902

(915) 544-8777

leemoor.org

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Read Carefully

By completing and submitting this application, I fully understand and accept all terms and conditions listed throughout this application. This application form is intended for use in evaluating your suitability for employment with this agency; it is not an employment agreement, employment contract, or a guarantee of employment. No one other than the President/CEO has the authority to enter into any employment agreement and then only in writing signed by such officer. Please answer all questions completely. False, incomplete, or misrepresented information of any kind will be sufficient cause for rejecting the application or, if discovered after employment, cause for immediate termination at any time during the course of employment. Prospective employees will receive consideration without regard to race, creed, color, gender, age, national origin, disability, marital, veteran status, or any other legally protected status.

Signature Acknowledgment: _____

PERSONAL INFORMATION

Please Print

Use Additional Pages If Needed

Last Name	First	Middle	Application Date:
Present Street Address:			Home Phone: () Cell Phone: ()
City	State	Zip	How long have you lived at your present address? Years _____ Months _____
Email Address:			Social Security Number:
Position Desired:			
Have you ever applied for employment with us? ___ Yes ___ No If yes: Month and Year _____			Are you 21 years or older? ___ Yes ___ No
Are you available for full time employment? ___ Yes ___ No			Will you work overtime if asked? ___ Yes ___ No
If not, what days/hours can you work? Days: _ Mon _ Tues _ Wed _ Thur _ Fri _ Sat _ Sun Hours: From: _____ To: _____ From: _____ To: _____			When will you be available to begin work? ____ / ____ / ____
Previous Street Address:			Time at previous address? Years _____ Months _____
City	State	Zip	Can you travel if the job requires? ___ Yes ___ No

Referred by: <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other	Name of referring agency/person:
Do you have any friends or relatives employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state name and relationship:
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(Proof of citizenship or immigration status will be required upon employment)</i>

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Certificate/Degree/Diploma
Middle				<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	
University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Program				<input type="checkbox"/> Yes <input type="checkbox"/> No	

JOB RELATED SKILLS

Are you fluent in English? ___ Yes ___ No	Do you speak any other languages? ___ Yes ___ No List additional languages.
Are you fluent in Spanish? ___ Yes ___ No	

Do you have a valid driver's license? ___ Yes ___ 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. *(Exclude groups whose names would indicate race, color, religion, gender, national origin, age, ancestry, disability or other protected status):*

Are you certified in First Aid and/or CPR? First Aid: ___ Yes ___ No
CPR: ___ Yes ___ No
Do you have a Food Handler's Card? ___ Yes ___ No
Have you attended Defensive Driving Training? ___ Yes ___ No
(If you answered "Yes" to any of the above, please present/attach certification)

Did you serve in the U.S. Armed Forces? ___ Yes ___ No	If so, what Branch? _ Army _ Navy _ Marines _ Air Force _ Coast Guards
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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 without accommodation? ___ Yes ___ No
Accommodation needed:

EMPLOYMENT HISTORY

List all employers you have had in the last 5 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.

Name Employer/Company #1:		Dates Employed:		Work Responsibilities:	
Address:		From	To		
E-mail Address:					
Phone Number: ()		Hourly Rate/ Salary:			
Start/Present Job Title:		From	To	Reason for Leaving:	
Supervisor Name:				Phone Number: ()	
				E-mail Address:	
Name Employer/Company #2:		Dates Employed:		Work Responsibilities:	
Address:		From	To		
E-mail Address:					
Phone Number: ()		Hourly Rate/ Salary:			
Start/Present Job Title:		From	To	Reason for Leaving:	
Supervisor Name:				Phone Number: ()	
				E-mail Address:	
Name Employer/Company #3:		Dates Employed:		Work Responsibilities:	
Address:		From	To		
E-mail Address:					
Phone Number: ()		Hourly Rate/ Salary:			
Start/Present Job Title:		From	To	Reason for Leaving:	
Supervisor Name:				Phone Number: ()	
				E-mail Address:	

Name Employer/Company #4:		Dates Employed:		Work Responsibilities:	
Address:		From	To		
E-mail Address:					
Phone Number: ()		Hourly Rate/ Salary:			
Start/Present Job Title:		From	To	Reason for Leaving:	
Supervisor Name:				Phone Number: () E-mail Address:	
Name Employer/Company #5:		Dates Employed:		Work Responsibilities:	
Address:		From	To		
E-mail Address:					
Phone Number: ()		Hourly Rate/ Salary:			
Start/Present Job Title:		From	To	Reason for Leaving:	
Supervisor Name:				Phone Number: () E-mail Address:	
Name Employer/Company #6:		Dates Employed:		Work Responsibilities:	
Address:		From	To		
E-mail Address:					
Phone Number: ()		Hourly Rate/ Salary:			
Start/Present Job Title:		From	To	Reason for Leaving:	
Supervisor Name:				Phone Number: () E-mail Address:	

Name Employer/Company #7:	Dates Employed:		Work Responsibilities:
Address:	From	To	
E-mail Address:			
Phone Number: ()	Hourly Rate/ Salary:		Reason for Leaving:
Start/Present Job Title:	From	To	
Supervisor Name:			Phone Number: () E-mail Address:
Name Employer/Company #8:	Dates Employed:		Work Responsibilities:
Address:	From	To	
E-mail Address:			
Phone Number: ()	Hourly Rate/ Salary:		Reason for Leaving:
Start/Present Job Title:	From	To	
Supervisor Name:			Phone Number: () E-mail Address:
Name Employer/Company #9:	Dates Employed:		Work Responsibilities:
Address:	From	To	
E-mail Address:			
Phone Number: ()	Hourly Rate/ Salary:		Reason for Leaving:
Start/Present Job Title:	From	To	
Supervisor Name:			Phone Number: () E-mail Address:

Name Employer/Company #10:	Dates Employed:		Work Responsibilities:
Address:	From	To	
E-mail Address:			
Phone Number: ()	Hourly Rate/ Salary:		Reason for Leaving:
Start/Present Job Title:	From	To	
Supervisor Name:			Phone Number: () E-mail Address:
Comments: <i>(Include explanation of any gaps in employment)</i>			

SECURITY

In which states have you lived in the past 5 years?		
Other than El Paso, list other cities within Texas where you have resided:		
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:

PROFESSIONAL REFERENCES

You must provide at least three references

Name/Occupation	Complete Address/Phone Number/E-mail	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.

Signature Acknowledgment: _____

This Application will be considered active for 45 days.

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 E. Cliff Dr. 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) 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:

Yes	No	<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):
_____	_____	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;

- | | | |
|------------|-----------|--|
| Yes | No | <i>(Initial "yes" or "no" and provide brief explanation for a "yes" answer below)</i> |
| _____ | _____ | 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; |
| _____ | _____ | 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".)*

<u>Description</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

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.

Print Full Name

Date

Signature

SWORN TO AND SUBSCRIBED Before me on this _____ day of _____,

Notary Public In and For the State of Texas

LEE & BEULAH MOOR CHILDREN'S HOME

1100 E. Cliff Dr.
El Paso, Texas 79902
(915) 544-8777

AUTHORIZATION AND 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

Printed Name

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.

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
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.

Applicant Signature

Date

Printed Name

LEE & BEULAH MOOR CHILDREN'S HOME

ACKNOWLEDGEMENT AND RELEASE – IMPORTANT READ CAREFULLY

- 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 any time 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 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 any time or that my employment may be terminated at any time, 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 continue to conduct a routine criminal history check and 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 ACKNOWLEDGEMENT 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.

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 nonprescription 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.

Applicant Signature

Date

Printed Name

LEE & BEULAH MOOR CHILDREN'S HOME

SUPPLEMENTAL APPLICATION

CHILD CARE 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?

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 child care worker is an occupation for which you are suited?

Applicant Signature

Date

Printed Name

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 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 any time, 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

Operation Information

Operation Name Lee & Beulah Moor Children's Home	Operation No. GRO: 002043 CPA: 007614-38	Operation Area Code and Telephone No. (915) 644-8777
Operation Address (Street, City, State, ZIP Code) 1100 E. Cliff Dr. El Paso, Texas 79902		
Operation Mailing Address (Street, City, State, ZIP Code) 1100 E. Cliff Dr. El Paso, Texas 79902		County El Paso

Individual's Identifying Information

Initial
 Renewal
 Fingerprint Check Required
 FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name
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List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results.

Other First Names	Other Middle Names	Other Last Names
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Address (Street, City, State, ZIP Code)

County	Area Code and Telephone No.	Date of Birth	Gender: <input type="radio"/> Male <input type="radio"/> Female
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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.

Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	Race <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native
--	--

Social Security No.	Photo ID Type: <input type="checkbox"/> Driver License: No. State <input type="checkbox"/> Canadian SIN; <input type="checkbox"/> State ID: <input type="checkbox"/> Military ID; <input type="checkbox"/> Passport: <input type="checkbox"/> Permanent Resident Card:
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Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

Email Area Code and Telephone No.

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

Adoptive Parent Contracted Service Provider Director Foster Parent Foster/Adoptive Parent
 Household Member Frequent/Regular Visitor Licensed Administrator Owner/Permit Holder
 Staff/Employee Unverified Respite Provider Volunteer

Job Duties/Title:

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

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?..... Yes No
(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

0 - 17 months 18 months - 2 years 3 years - 4 years 5 years - 13 years 14 years - 17 years
 Over 17 years N/A