

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation, or any other legally protected status.

POSITION APPLIED FOR: _____ DATE OF APPLICATION _____

NAME: FIRST MIDDLE LAST DATE OF BIRTH

ADDRESS STREET CITY STATE ZIP CODE

CONTACT NUMBER SOCIAL SECURITY NUMBER

EMAIL: _____

HAVE YOU FILED APPLICATION WITH US BEFORE NO YES
IF YES, GIVE DATE _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE NO YES
IF YES, GIVE DATE _____

ARE YOU CURRENTLY EMPLOYED? NO YES
IF YES, MAY WE CONTACT YOUR EMPLOYER? NO YES
PHONE FOR EMPLOYER _____

WHAT DATE WILL YOU BE AVAILABLE FOR WORK? _____

DO YOU WANT TO WORK FULL TIME PART TIME TEMPORARY

PLEASE SUBMIT COPY OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD AT TIME OF APPLICATION.

SUPERVISOR USE ONLY:

HIRE DATE _____ RATE _____

BCKGRND CK _____ TB _____ DRUG EVAL _____

EDUCATION:

NAME AND ADDRESS
OF SCHOOL

YEARS COMPLETED

DIPLOMA/ DEGREE

HIGH SCHOOL

UNDERGRAD.
COLLEGE

GRADUATE
PROFESSIONAL

PLEASE PROVIDE COPIES OF DIPLOMAS/ CERTIFICATIONS/ TRANSCRIPTS

INDICATE ANY FOREIGN LANGUAGES THAT YOU CAN SPEAK, READ AND/ OR WRITE

SPEAK _____ FLUENT _____ GOOD _____ FAIR

READ _____

WRITE _____

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES, OR ANY JOB RELATED TRAINING RECEIVED IN U. S. MILITARY

SPECIALIZED SKILLS: CHECK SKILLS/ EQUIPMENT OPERATED

___ CRT _____ FAX _____ OTHER (LIST)
___ PC _____ LOTUS 1-2-3 _____
___ CALCULATOR _____ PBX SYSTEM _____
___ TYPEWRITER _____ WORDPERFECT _____

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH/ WITHOUT A REASONABLE ACCOMMADATION, THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED? A DESCRIPTION OF THE ACTIVITIES INVOLVED IN SUCH A JOB OR OCCUPATION IS ATTACHED. _____ YES _____ NO

LCCA COMMENTS: _____

EMPLOYMENT EXPERIENCE: (PAST FIVE YEARS)

1.	EMPLOYER	DATES EMPLOYED	WORK PERFORMED	
ADDRESS				
TELEPHONE	HOURLY RATE/ SALARY		STARTING	FINAL
JOB TITLE		SUPERVISOR		
REASON FOR LEAVING				

2.	EMPLOYER	DATES EMPLOYED	WORK PERFORMED	
ADDRESS				
TELEPHONE	HOURLY RATE/ SALARY		STARTING	FINAL
JOB TITLE		SUPERVISOR		
REASON FOR LEAVING				

3.	EMPLOYER	DATES EMPLOYED	WORK PERFORMED	
ADDRESS				
TELEPHONE	HOURLY RATE/ SALARY		STARTING	FINAL
JOB TITLE		SUPERVISOR		
REASON FOR LEAVING				

If you need additional space, please continue on back of page.

List professional trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

PERSONAL REFERENCES:

1. _____
NAME PHONE

ADDRESS RELATIONSHIP

2. _____
NAME PHONE

ADDRESS RELATIONSHIP

3. _____
NAME PHONE

ADDRESS RELATIONSHIP

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must

execute and submit the following affidavit with the application for employment:

STATE OF
COUNTY OF

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

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

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary
officer:

(seal, if any, of notarial officer)

My commission expires: _____

KAUFMAN COUNTY CHILDREN'S SHELTER
JOB DESCRIPTION:

DIRECT CARE STAFF

QUALIFICATIONS:

Must be 18 years of age or older.
Must have high school diploma or higher education attainment and be able to read/ write proper English.
Must be emotionally stable and possess an understanding of ethical behavior.
Must be free of communicable diseases as evidenced by a TB screening within twelve months of hire date.
Must be able to pass CPR/ First Aid training;
Must submit to, and receive negative results, (or acceptable medical reason for positive) for pre-employment drug screening;
Must receive cleared Background/ Central Registry Check.
Must submit for yearly drug screening on a random basis as directed by Administrator after being offered employment.
Experience working with children/ adolescents preferred.

REPORTS TO:

Executive Administrator; Program Manager

DUTIES AND RESPONSIBILITIES:

Ensure that the facility building/ grounds are clean, organized and presentable at all times.
Provide direct care for children residing in shelter according to TDFPS minimum standards and direct instruction from facility management.
Must follow daily schedule provided by management to ensure consistency in care.
Must follow directions/ recommendations of Nurse/Case manager concerning all health/ medical issues/ concerns.
Must dispense/ record medication as directed by minimum standards/ Executive Administrator/ Nurse/ Case manager.
Must prepare meals/ snacks according to planned menus provided by management.
Must attend staff meetings/ trainings as directed by management to obtain the state required 20 hours training each year.
Responsible for documentation/ records/ logs as required by standards and management.
Must never display behavior which endangers or traumatizes residents of the shelter.
Must participate in an annual peer review program.
Must be able to interact with children/ staff in a professional/ personable manner, while maintaining strict professional, ethical boundaries.
Any and all other duties/ responsibilities as directed by Administrator/ Program Manager/ Nurse/ Case manager.

EMPLOYMENT:

May be full or part time; temporary or permanent; salaried or hourly wage position with benefits subject to rules and provisions of KAUFMAN COUNTY EMPLOYEE HANDBOOK.

I have read, understand and agree to the above requirements for employment.

_____ Date _____

KAUFMAN COUNTY CHILDREN'S SHELTER
NEW EMPLOYEE NOTIFICATION & ACCEPTANCE

EMPLOYEE NAME: _____
DATE OF HIRE: _____

I HAVE RECEIVED A COPY, READ, UNDERSTAND AND AGREE TO ABIDE BY THE
FOLLOWING PUBLICATIONS ISSUED AT TIME OF EMPLOYMENT ACCEPTANCE:

1. KAUFMAN COUNTY EMPLOYEE HANDBOOK
2. KCCS APPLICATION AND JOB DESCRIPTION
3. KCCS POLICY & PROCEDURES MANUAL
4. DRUG TESTING POLICY/ REQUIREMENTS
5. "KEEPING KIDS SAFE" BROCHURE FOR REQUIRED REPORTING OF SUSPECTED/
KNOWN ABUSE OR NEGLECT OF A CHILD
6. A COPY OF THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
"MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS AND
RESIDENTIAL TREATMENT CENTERS".

SIGNATURE OF EMPLOYEE

DATE OF HIRE

KAUFMAN COUNTY CHILDREN'S SHELTER

KEEPING CHILDREN SAFE

REPORTING ABUSE AND NEGLECT

**TEXAS LAW REQUIRES CAREGIVERS TO REPORT SUSPECTED
CHILD ABUSE OR NEGLECT TO THE
TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
OR LAW ENFORCEMENT.**

**CALL 1-800-252-5400
TO MAKE CONFIDENTIAL REPORTS.**

**FAILURE TO REPORT SUSPECTED ABUSE OR NEGLECT IS A
CRIME.**

**EMPLOYERS ARE PROHIBITED FROM RETALIATING AGAINST
CAREGIVERS WHO MAKE REPORTS IN GOOD FAITH.**

**I HAVE RECEIVED A COPY OF "KEEPING KIDS SAFE", READ AND
UNDERSTAND MY OBLIGATION AS A CAREGIVER TO REPORT
SUSPECTED NEGLECT AND ABUSE OF A CHILD TO THE TDFPS HOTLINE.**

SIGNATURE OF STAFF

DATE

KAUFMAN COUNTY CHILDREN'S SHELTER

CONFIDENTIALITY AGREEMENT

Employees, volunteers and/ or subcontractors who work in or with programs operated by Kaufman County Children's Shelter (KCCS) need and will have access to personal information about clients/ residents/ families. Federal and state laws require that KCCS carefully guard all private information. By signing this agreement, you agree to abide by the following conditions and requirements:

I will only use private information about clients/ residents/ families as needed to fulfill my assigned job or service. I agree to access and use only the minimum amount of information necessary. I will not seek access to information I do not need.

I will not disclose private information to others, especially those outside the agency. I will not discuss private information unless it is required to conduct my job task. I will not gossip about or inappropriately discuss client/ resident/ family information.

I will not sell any client/ resident/ family information.

I will not remove client/ resident/ family information in any form from KCCS facility without prior supervisory approval.

I understand that failure to meet the above standards may constitute grounds for discharge or cancellation of subcontract.

I have received a signed copy of this agreement.

Employee/ Volunteer/ Subcontractor

Date

KCCS Administrator

Date