

PLEASE READ BEFORE FILLING OUT APPLICATION FORMS.

Employee History Qualifying Work Experience Includes:

Direct childcare or direct supervision of child care workers in:

1. A group home program
2. Other group homes
3. County receiving homes
4. County shelters
5. Youth authority camps
6. County juvenile halls, camps and detention facilities
7. Public or private mental health day treatment programs
8. Being a licensed or certified foster parent

Child care work in non-residential settings such as:

1. Teacher of specialized education
2. Juvenile probation office
3. Child protective services worker
4. Child social work services – working with children
5. Child day treatment care
6. Residential adult drug and alcohol treatment programs
7. Mental health treatment programs (when stated in the program statement that the specified population of children to be served by the program requires such experience.)

Complete phone numbers & addresses for all three references.

WHAT YOU WILL NEED TO BRING TO YOUR FIRST APPOINTMENT WITH THE HUMAN RESOURCE MANAGER

1. **Drivers license**
2. **Social Security Card/Passport or other I-9 document**
3. **Current auto insurance**
4. **Official transcripts**
5. **Copy of DMV Driving Record**



TLC shall not deny employment and/or benefits to any person, nor shall it discriminate against any employee, or applicant for employment, because of race, color, national origin, ancestry, sex, age, physical or mental disability, medical condition (including, but not limited to, cancer and AIDS), religion, creed, veterans' status, marital status, pregnancy, sexual orientation, gender identity, gender expression, political activity, or any other protected characteristic under law which is not a bona fide occupational qualification for a particular job. TLC shall attempt to insure at all times that the evaluation and treatment of employees and applicants for employment are free of such discrimination.

Please print legibly.

Position(s) applied for:		Date of Application:	
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
First Name	Last Name	Middle Name	
Address	City	State	Zip Code
Home Phone	Cell Phone	Last TB test Date	

Have you ever filed an application with us before? Yes No
 if yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
 (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work:
 Full Time
 Part Time
 Shift Work
 Temporary

Are you currently on "Lay-Off" status and subject to recall? Yes No

TLC is an Equal Opportunity Employer

Employment History:	LIST ONLY QUALIFYING WORK EXPERIENCE THAT RELATES TO THIS POSITION <i>Please provide HR/Personnel Manager and Fax Information</i>
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Employer:					
Job Title:				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time, hours per week _____	
Address:					
Work Performed:					
Reason for Leaving:					
HR/Personnel Manager:					
Telephone Number(s):				Fax:	
Dates Employed	From: / /	To: / /	Hourly Rate/ Salary	Starting:	Final:

Employer:					
Job Title:				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time, hours per week _____	
Address:					
Work Performed:					
Reason for Leaving:					
HR/Personnel Manager:					
Telephone Number(s):				Fax:	
Dates Employed	From: / /	To: / /	Hourly Rate/ Salary	Starting:	Final:

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Job Title:				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time, hours per week _____	
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Telephone Number(s):				Fax:	
Dates Employed	From: / /	To: / /	Hourly Rate/ Salary	Starting:	Final:

Employer:					
Job Title:				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time, hours per week _____	
Address:					
Work Performed:					
Reason for Leaving:					
HR/Personnel Manager:					
Telephone Number(s):				Fax:	
Dates Employed	From: / /	To: / /	Hourly Rate/ Salary	Starting:	Final:

Professional/Previous Work Experience References: Give name, address and telephone number of three references **who are not related to you and who are familiar with your previous work experience** (preferably counseling or child care work.)

Name	Address	Telephone	Relationship

College Education: *(please begin with the **LAST** school attended)*

Name of School:

Street/Mailing Address of Registrar:

City, State, Zip:

Counselor/Supervisor:

Major:

Degree Awarded or Units Completed:

Name of School:

Street/Mailing Address of Registrar:

City, State, Zip:

Counselor/Supervisor:

Major:

Degree Awarded or Units Completed:

Name of School:

Street/Mailing Address of Registrar:

City, State, Zip:

Counselor/Supervisor:

Major:

Degree Awarded or Units Completed:

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any honors you have received.

Professional and Technical Qualifications:

Name of professional associations of which you are a member:

List Licenses or Certificates of Competence held:

Statement of Intent: (use reverse for additional comments)

What interests you about the Human Service field? What special skills do you offer an emotionally disturbed child? Why would you like to work at TLC? What are your long term occupational objectives?

Other Information:

- A. Do you possess a valid driver's license? Yes No
B. Has your driver's license ever been suspended or revoked? Yes* No

***If your answer to B above is yes, provide the following information:**

Offense		
Date	Place	Type of Offense

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of True to Life Children's Services.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature:

Date:

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? **YES** **NO**

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? **YES** **NO**

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
FACILITY NAME		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California or from another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if some one in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.



Substance Abuse Program
Acknowledgement Application
Consent & Release

099-TC

I have applied for a job with TLC Child and Family Services (TLC). As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by TLC.

During the course of employment, an employee may be asked or required to submit to testing procedures designed to detect the presence of drugs and/or alcohol if:

1. s/he is acting in a manner that leads to a suspicion that s/he either possesses, controls, or is under the influence of a drug and/or alcohol,
2. s/he was directly or indirectly involved in a work-related accident or mishap, or
3. it is suspected that s/he has or may have been involved in the use, possession, transfer, distribution, manufacture, and/or sale of drugs or alcohol in company controlled areas, on company-owned property, while on duty, or while operating a vehicle or potentially dangerous equipment owned or leased by TLC.

A request for testing does not necessarily mean or imply that an employee is under the influence of any improper substance or has violated the company's policy. However, such testing may be requested or required when the company determines that it is appropriate to promote the interests of this policy. Any employee who does not consent to and cooperate fully with any search and/or medical testing procedure is subject to discipline up to and possibly including immediate termination.

I hereby authorize TLC's Executive Director, his designee or any physician, laboratory, hospital or medical professional retained by TLC for screening purposes to both conduct such screening and provide the results to TLC, and I release TLC and any person affiliated with TLC, and any such institution or person conducting the screening from liability therefore.

Signature

Date

Print Name



To: Company
Address (city) (state) (zip)
FAX #
From: Cathy Corso Human Resource Manager P.O. Box 2079, Sebastopol, CA 95409 (707) 823-3410 FAX #

has applied for a position with our agency. If hired, the applicant may receive some credit for prior experience in providing direct child care worker duties to children residing in out-of-home care, including first-line supervision of child care workers. Below, please find the applicant's authorization to release employment information. Your prompt attention to this request will be appreciated greatly.

Dates of paid employment from to
Job Title:
Did employee work { } full-time { } part-time { } relief
Did employee work directly with minors? { } yes { } no
Describe specific job duties (attach copy of the job description or specify)
Is this person eligible for rehire { } Yes { } No

Please check the description that best describes your agency:

- { } group home
{ } school
{ } receiving home or shelter
{ } administration
{ } youth authority
{ } juvenile detention facility
{ } mental health day treatment program
{ } licensed or certified foster parent
{ } other (specify)

Thank you for your assistance in answering these questions. Please sign and date this form below (Foster Care Rates Bureau requires this letter to be signed by the prior executive director or designee and must include the telephone number.) Please return as soon as possible

Signature Date
Title Telephone Number

Authorization to Release Job Information

"As an applicant for a position with TLC Child and Family Services, I am required to furnish information about my work history. Therefore, I hereby authorize the release and full disclosure of any or all information requested above to TLC Child and Family Services."

"In accordance with the mandates of public law, I hereby release you, your organization and all others from liability or damage which may result from releasing the information requested."

"A Photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature."

Signature Date



Consent to Release Information

088-TC

1. I authorize any representative of TLC Child and Family Services to thoroughly investigate my background, including, but not limited to, my references, educational record and work history. This information includes, but is not limited to, my work achievements, performance, attendance, disciplinary history, salary record and personal history.
2. I authorize and direct all of my former schools and employers, and any other individual or entity that possesses information about my background, to release such information about me upon request by a representative of TLC Child and Family Services regardless of any prior direction to the contrary that I may have given. I also authorize disclosure to TLC Child and Family Services of all transcripts, reports, letters and other educational or work records, without prior notice to me.
3. I release all schools, past and present employers, and all other individuals and entities from any and all liability for damage of whatever kind, which may at any time result to me because of compliance with this authorization and request to release information.

Signature

Date

Print Name