

## **PLEASE READ BEFORE FILLING OUT APPLICATION FORMS.**

All Residential Treatment Counselor applicants for TLC's Short Term Residential Therapeutic Program (STRTP) **MUST** be 21 years of age and meet at least one of the following minimum requirements to be considered for employment.

Please check the box(es) that certify which requirement(s) you meet.

1. I am at least 21 years old.
2. Have a Bachelor of Arts or Sciences Degree;
3. Have a valid Child Development Teaching Permit;
4. Have completed 12 semester units of Early Childhood Education, Adolescent Development, or Foster and Kinship Care Education *and* have 100 hours of experience working with youth;
5. Have a valid Alcohol Counselor, Drug Counselor or Alcohol and Drug Counselor Certificate *and* have 100 hours of experience working with youth;
6. Have a valid Vocational Training Certificate, Credential or documentation stating the Individual is a trade journey person and instructs vocational skills to children *and* have 100 hours of experience working with youth; or
7. Have previously been employed as a full-time staff in a group home, substance abuse treatment program or STRTP program for at least one year.

The Department of Social Services Foster Care Rate Bureau has established the following guidelines that TLC considers as part of determining wages for STRTP positions;

### **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.)

**After your interview you will meet with Human Resources to review and initiate the pre-employment requirements.**

**Please bring the following items with you:**

1. **Drivers license**
2. **Copy of DMV Driving Record**
3. **Copy of Unofficial transcripts\***

**\*Official transcripts will need to be ordered by you, and mailed directly from the school to TLC's HR department within 30 days of employment.**



Upon completion, please  
 email to: [aatkinson@tlc4kids.org](mailto:aatkinson@tlc4kids.org)  
 Or fax to: 707 823-3410

# Employment Application

035-TC

**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:
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How did you learn about us?  
 Advertisement  Friend  Walk-In  Relative  Other \_\_\_\_\_

First Name	Last Name	Middle Name
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Address	City	State	Zip Code
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Home Phone	Cell Phone	Last TB test Date
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Email Address	Preferred Name	Preferred Pronouns (Optional)
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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**

<b>Employment History:</b>	<b>LIST ONLY QUALIFYING WORK EXPERIENCE THAT RELATES TO THIS POSITION</b> <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:			
<b>HR/Personnel Manager:</b>			
Telephone Number(s):		<b>Fax:</b>	
<b>Dates Employed</b>	From:	To:	

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

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

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

**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:**



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.

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Signature

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Date

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Print Name



Applicant: Please sign and date the Authorization to Release at the bottom of this page only

To: Company
Address (city) (state) (zip)
FAX #

From: Amanda Atkinson Human Resources P.O. Box 2079, Sebastopol, CA 95409 Fax# (707) 823-3410
SS# \_XXX-XX-

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





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.

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Signature

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Date

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Print Name