



**APPLICANT INFORMATION**

FULL NAME: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Thank you for choosing Valley Haven Inc. in your career path. We are dedicated to hiring professionals who are energetic, motivated, and possess integrity. Valley Haven Inc. is an Equal Opportunity Employer. Applicants must show they understand and are able to meet the following requirements for employment by initialing each item below.

- \_\_\_\_ High School Graduate or G.E.D recipient
- \_\_\_\_ Negative TB Test and will provide current medical documentation
- \_\_\_\_ United States Citizen, or legally authorized to work in the United States
- \_\_\_\_ Will provide Social Security Card or Birth Certificate
- \_\_\_\_ Will submit to drug and alcohol testing as required
- \_\_\_\_ Will complete an FBI criminal background check
- \_\_\_\_ Will complete a Child Maltreatment Central Registry check
- \_\_\_\_ Physically able to safely supervise young children and perform necessary job functions
- \_\_\_\_ Will maintain professional appearance and conduct at all times

**GENERAL INFORMATION**

EMPLOYMENT DESIRED:  Full-time only  Part-time only  Full OR Part-time  On Call

POSITION DESIRED: \_\_\_\_\_

HOURLY RATE DESIRED: \_\_\_\_\_

HOURS AVAILABLE:  
Monday- \_\_\_\_\_ Tuesday- \_\_\_\_\_ Wednesday- \_\_\_\_\_ Thursday- \_\_\_\_\_ Friday- \_\_\_\_\_ Saturday- \_\_\_\_\_ Sunday- \_\_\_\_\_

ARE YOU SEEKING TEMPORARY OR PERMANENT WORK? \_\_\_\_\_

HAVE YOU EVER WORKED FOR THIS COMPANY?  YES  NO If yes, when? \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL: \_\_\_\_\_

LAST GRADE LEVEL ATTENDED:  9<sup>TH</sup>  10<sup>TH</sup>  11<sup>TH</sup>  12<sup>TH</sup>

HIGH SCHOOL DIPLOMA OR GED RECEIVED?  YES  NO

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CITY & STATE: \_\_\_\_\_

DID YOU GRADUATE?  YES  NO

DATE RECEIVED: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

LAST YEAR ATTENDED:  1  2  3  4

DEGREE: \_\_\_\_\_

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CITY & STATE: \_\_\_\_\_

DID YOU GRADUATE?  YES  NO

DATE RECEIVED: \_\_\_\_\_

OTHER: \_\_\_\_\_

LAST YEAR ATTENDED:  1  2  3  4

DEGREE: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

DID YOU GRADUATE?  YES  NO

DATE RECEIVED: \_\_\_\_\_



**REFERENCES**

Please list three professional references that are not family relatives. We recommend listing persons such as coworkers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying. We will personally speak with each of your references, so we recommend that you let your references know to expect a call from a Valley Haven Inc. Representative.

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
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ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
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FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

COMPANY: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?  YES  NO  
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COMPANY: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?  YES  NO  
\*\*\*\*\*

COMPANY: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?  YES  NO

**PLEASE REVIEW, SIGN AND DATE**

I certify that the information provided for this application is true and complete. It may be verified by Valley Haven, Inc. or affiliates. I understand I may be asked to submit licenses, diplomas, certificates, and transcripts pertinent to employment. Should employment be offered and it is later confirmed that information contained in this application is untrue, in correct, misrepresented, or incomplete that I'm subject to immediate termination without recourse.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand that I must immediately report any suspected incident of abuse, neglect, or exploitation to the Texas Abuse and Neglect Hotline at 1-800-252-5400 and Valley Haven's Executive Director or Program Director immediately.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**PLEASE ANSWER TO THE BEST OF YOUR KNOWLEDGE**

**Do you have any personal responsibilities or problems that may affect your daily attendance? If yes, explain:**

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**Please tell us about yourself:**

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**Please tell us about your experiences working with children & what ages:**

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**Do you look at this job as being long-term or temporary? \_\_\_\_\_**

**Please tell us why you would like to work with children:**

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**What do you like most OR what do you think you will like most about working with children that come from hard places?**

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**What do you like least or what do you think you will like least about working with children from hard places?**

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**What is your favorite age of children to work with? Why?**

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**Have you ever taught or assisted with teaching preschool (i.e. circle time, lessons from curriculum)? If so, please describe your experience.**

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**In your past work experience, how many children have you cared for alone and what ages?**

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**Briefly explain your philosophy on disciplining children:**

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**HOW WOULD YOU RESPOND TO:**

a child who is having a temper tantrum?

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a child who will not nap (just standing in crib crying)?

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a child who talks back to you?

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a child who hits or bites you?

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a child who continually disrupts activity time?

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a child who is having difficulty learning a skill or concept?

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DESCRIBE A TIME WHEN YOU HAD TO HANDLE AN EMERGENCY OR INJURY WITH A CHILD.

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WHAT ELEMENTS DO YOU THINK MAKE UP A QUALITY FACILITY FOR CHILDREN THAT COME FROM HARD PLACES?

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**FOR OFFICE USE ONLY**

Copy of Driver's License/ State ID:  YES  NO  
Copy of Social Security Card:  YES  NO  
Copy of High School Diploma/ GED:  YES  NO  
Background Check APPROVED:  YES  NO  
ELIGIBLE FOR EMPLOYMENT:  YES  NO

Notarized Affidavit COMPLETE:  YES  NO  
Drug Testing Consent Statement:  YES  NO  
Drug Test Results COMPLETE:  YES  NO  
TB Test Results COMPLETE:  YES  NO  
ELIGIBLE DATE OF HIRE: \_\_\_\_\_

LICENSED CHILD CARE ADMINISTRATOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_



# Request for Child Abuse/Neglect Central Registry and DPS Criminal History Check

## PERSON DETAILS

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ALTERNATE NAMES: \_\_\_\_\_

## IDENTIFICATION DETAILS

DO YOU HAVE A SOCIAL SECURITY NUMBER?  YES  NO SOCIAL SECURITY #: \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION NUMBER?  YES  NO

ID TYPE:  DRIVER'S LICENSE  STATE ISSUED IDENTIFICATION NUMBER  OTHER \_\_\_\_\_

DRIVER'S LICENSE/ STATE ISSUED ID NUMBER: \_\_\_\_\_ STATE OF ISSUANCE: \_\_\_\_\_

## DEMOGRAPHIC DETAILS

ARE YOU OVER THE AGE OF 18?  YES  NO DATE OF BIRTH: \_\_\_\_\_ GENDER:  MALE  FEMALE

ETHNICITY:  HISPANIC  OTHER

RACE:  WHITE  BLACK  ASIAN  NATIVE HAWAIIAN/PACIFIC ISLANDER

AMERICAN INDIAN/ALASKAN NATIVE  UNABLE TO DETERMINE

## ADDRESS DETAILS

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

OTHER CITIES OF RESIDENCE IN TEXAS: \_\_\_\_\_

HAVE YOU RESIDED OUT OF THE STATE OF TEXAS IN THE LAST 5 YEARS?  YES  NO

IF YES, OTHER STATES OF RESIDENCE: \_\_\_\_\_

## CONTACT INFORMATION

CONTACT PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

*All applicants for employment will be screened for a Criminal Background Check and FBI Digital Finger Print Check prior to employment. All applicants will consent to drug screening at a certified laboratory prior to employment.*

Have you ever been convicted of a criminal offense?  YES  NO

If Yes please give the date, place and nature of the conviction: \_\_\_\_\_

Are you currently charged, under indictment or waiting disposition of a criminal offense?  YES  NO

If Yes please give nature of offense, disposition and or/current trial date: \_\_\_\_\_

## AUTHORIZATION FOR BACKGROUND CHECK

I, \_\_\_\_\_, hereby authorize VALLEY HAVEN INC. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that VALLEY HAVEN INC. will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteering will not be processed further.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date