



CITY House (Collin Intervention to Youth, Inc.) Application for Employment

I. Personal Data:

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell Phone # _____ Email: _____

Social Security No.: _____ TX DL#: _____ (needed to drive agency vehicles)

How were you referred to us?

- Newspaper (name of paper) _____
- Job Fair (location) _____
- Internet Website (location) _____
- Person _____

Do you have the legal right to remain and work in the United States? _____ Yes _____ No

If hired you may be required to submit proof of the above.

What other names have you used? _____

How long have you lived in Texas? _____

Position Desired _____ Rate of Pay Expected \$ _____

Hours Preferred: _____ Full time _____ Part-time _____ Permanent _____ Temporary _____ PRN _____

Can you work weekends or varied shifts? _____ Limitations _____

Have you applied with us before? Yes No

If yes, please give date: _____

Have you been employed with us before? Yes No

If yes, please give date and job title: _____

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

After review of the job description for this position, do you believe you are able to perform the essential functions of this position, with or without reasonable accommodations? Yes No

Emergency Contact Person:

Name: _____ Relationship: _____

Address: _____ State: _____ Zip: _____

Work #: _____ Phone #: _____ Cell Phone #: _____

II. Background Information:

Have you ever been convicted of *or* pled no contest to a felony? Yes No

Felony Degree (if known): _____

State/County: _____ Date: _____

Explain _____

Sentence/Fine: _____

Have you ever been convicted of *or* pled no contest to a misdemeanor? Yes No

Misdemeanor Class (if known): _____

State/County: _____ Date: _____

Explain _____

Sentence/Fine: _____

Have you ever had a complaint filed against you with the Texas Department of Family and Protective Services (Child or Adult Protective Services) in Texas or any other state? Yes No

State/County: _____ Date: _____

Explain: _____

Final result of complaint: _____

Are you currently using illegal drugs? _____ Yes _____ No

Are you currently under the influence of alcohol? _____ Yes _____ No

III. Education:

Name of School	Location of School	Years Completed	Graduated (Yes/No)	Degree Obtained
<i>High School</i>				
<i>College</i>				
<i>Other</i>				
<i>Other</i>				

IV. Professional Licensure:

Professional License #: _____	Type: _____
Date Acquired: _____	Expiration Date: _____
Professional License #: _____	Type: _____
Date Acquired: _____	Expiration Date: _____
Professional License #: _____	Type: _____
Date Acquired: _____	Expiration Date: _____
Have you ever had your professional license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever received reprimands from your state board: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you a veteran of the U.S. Military Service? If yes, please indicate branch: _____

V. General Information

Please use this space to describe your interest in our organization, as well as your knowledge, skill and attitude, which would enhance your qualifications for this position:

VI. Employment History

This section must be completed, even if you are attaching a resume. Begin with your present or most recent employment. Include self-employment, summer or part-time jobs, and military service assignments for the past 10 years. Please attach an additional sheet if necessary.

Company_____	Job Title_____
Address & Phone_____	
Dates Employed From_____ to _____	Supervisor's Name & Phone_____
Reason for leaving position_____	Rate of Pay_____
Duties you performed_____	

Are you re-hirable? Yes or No	

Company_____	Job Title_____
Address & Phone_____	
Dates Employed From_____ to _____	Supervisor's Name & Phone_____
Reason for leaving position_____	Rate of Pay_____
Duties you performed_____	

Are you re-hirable? Yes or No	

Company_____	Job Title_____
Address & Phone_____	
Dates Employed From_____ to _____	Supervisor's Name & Phone_____
Reason for leaving position_____	Rate of Pay_____
Duties you performed_____	

Are you re-hirable? Yes or No	

Company_____	Job Title_____
Address & Phone_____	
Dates Employed From_____ to _____	Supervisor's Name & Phone_____
Reason for leaving position_____	Rate of Pay_____
Duties you performed_____	

Are you re-hirable? Yes or No	

VI. Experience:

Foreign Language(s) Spoken_____

Read: ____Yes ____No Write: ____Yes ____No

List experience you have working with adolescents. _____

List special skills or talents you bring to this position. _____

VII. References:

Give the names of two work related persons and one personal person, to whom you have known at least one year. Daytime phone numbers please. Failure to complete this section may delay the processing of your application.

Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Email: _____	How long have you know this individual? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Email: _____	How long have you know this individual? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Email: _____	How long have you know this individual? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Email: _____	How long have you know this individual? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Email: _____	How long have you know this individual? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Email: _____	How long have you know this individual? _____	This person's profession is: _____

We consider qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status.

Previous employers and references will be checked and information obtained concerning an applicant’s work history will be used as part of the hiring process. CITY House (Collin Intervention To Youth, Inc.) shall not ask previous employers or other sources about an applicant’s disability, illness, workers’ compensation history, or any other questions that the employer may not ask the applicant directly under the Americans with Disabilities Act. CITY House (Collin Intervention To Youth, Inc.) may contact previous employers or other sources about job functions and tasks performed by the applicant, the quality or work performed, how job functions were performed, and other job-related issues not related to disability. The individuals and companies providing reference information on my work history and myself do so with my approval and without risk.

CITY House is an “At Will “ employment and the employee relationship can be terminated with or without cause, and with or without notice, at any time at the option of either the agency or the employee. Information in the employee handbook or promises made verbally by management does not constitute a contract. No promises contrary to this general understanding will be valid unless made in writing by the executive director.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application and/or during the interview process shall be considered sufficient cause for dismissal.

By providing my signature below I also give CITY House permission to complete a criminal history and reference check with completion of agency application or subsequent hire at the agency.

I hereby acknowledge having read and understood the above statements.

Signature of Applicant _____

Date _____

Code of Ethics

All personnel, including employees, volunteers, and interns providing service to Collin Intervention To Youth, Inc. must observe and comply with the Code of Ethics. Violations of the following principles or ethics will be regarded as engaging in unethical conduct or actions, which are not in the best interest of the organization and its clients.

Personnel will show the clients of Collin Intervention To Youth Inc. respect and courtesy.

Personnel will not discriminate against any client on the basis of age, sex, ethnic or socioeconomic background, creed, or sexual preference.

Personnel will respect the confidentiality and identity of residents and their families recognizing that all information concerning clients, the agency operations and personnel issues are confidential and are not to be discussed with anyone outside of the work environment.

Personnel must not maintain a relationship with any client that is solely personal in nature. No last names, phone numbers or addresses will be exchanged. No contact away from Collin Intervention To Youth Inc. is permitted, either by phone or in person.

Personnel are not to engage in sexual activity with the clients.

Personnel are not to use physical intervention of any kind (hitting, shaking, spanking, etc.) to discipline a client nor are they to engage in verbal abuse (yelling, belittling, cursing, etc.).

Personnel are not to be under the influence of, possess, seek or provide to residents alcohol or drugs.

Personnel are not to accept money from clients for services performed nor will they accept or encourage clients to express their gratitude or to acknowledge their dependency, destitution or neglect in any way.

Personnel are here to be a positive role model for the clients of Collin Intervention To Youth Inc., and will give them their attention while here and not involve them in any discussion of business matters or personal agendas.

Personnel are to report any violation of the Code of Ethics to the direct supervisor or the Executive Director.

Signature _____ Date _____

CONVICTION RECORD STATEMENT

According to Minimum Standards for Emergency Shelters “no one may serve as a member of the staff who has been convicted within the preceding 10 years of any of the following offenses unless the director of licensing has ruled that the person has established that he is rehabilitated:

A felony classified as an offense against the person or family, or of public indecency, or a violation of the Texas Controlled substance Act; or

A misdemeanor classified as an offense against the person or family or of public indecency.”

Additionally, each personnel file must contain a conviction record statement signed by each employee.

BEFORE SIGNING THIS FORM READ THE ATTACHED CRIMINAL OFFENSES FROM THE TEXAS PENAL CODE

(Appendix VII of the Minimum Standards)

I, _____ have read this form and the attached listing of criminal offenses and hereby declare I have not committed or been charged with committing any of the crimes within the last ten years. I also hereby declare there are no outstanding charges or investigations currently in process. I also acknowledge I have not been in violation of the Texas Controlled Substance Act.

Print Name _____

Signed _____ Date _____

**APPENDIX VII
CRIMINAL OFFENSES FROM THE TEXAS PENAL CODE**

The following constitute criminal offenses included in the Texas Penal Code:

Title 5. Offenses Against the Person

Murder
Capital murder
Voluntary manslaughter
Criminally negligent homicide
False imprisonment
Kidnapping
Aggravated kidnapping
Rape
Aggravated rape
Sexual abuse
Aggravated sexual abuse
Homosexual conduct
Public lewdness
Indecent exposure
Rape of a child
Sexual abuse of a child
Indecency with a child
Assault
Aggravated assault
Deadly assault on a peace officer
Injury to a child
Reckless conduct
Terroristic threat
Aiding suicide

Title 6. Offenses Against the Family

Bigamy
Incest
Interference with child custody
Enticing a child
Criminal nonsupport
Sale or purchase of a child
Solicitation of a child
Harboring a runaway child

Title 43. Public Indecency

Prostitution
Promotion of prostitution
Aggravated promotion of prostitution
Compelling prostitution
Obscene display or distribution
Obscenity
Sale, distribution or display of harmful material to a minor
Sexual performance by a child