**Application for Employment**

*This Documentation MUST be complete and sent in with ALL Online Applications or your Application will be Null and Void!*

Our organization has a **zero tolerance policy for abuse or neglect of children**, and cooperates fully with authorities and licensing representatives in the event of an investigation of an abuse allegation.

**MAIL TO:** Human Resources, 600 SW 11th, Amarillo, TX 79101
806/372-2341 or Toll Free 800-687-3722

Position Applied For: ___________________________  Today’s Date: ________________

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**DRIVING RECORD**

Do you have a valid driver’s license?  □ No  □ Yes (Number and State: ________________________________)

Have you ever had your driver’s license suspended or revoked?  □ Yes □ No

Have you ever been denied auto insurance?  □ Yes □ No

List any moving violations in the last 3 years that you pled guilty/paid fine: (examples would include auto accidents, speeding, reckless driving, driving under the influence, etc.)

<table>
<thead>
<tr>
<th>Date: ________________</th>
<th>Type: ____________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ________________</td>
<td>Type: ____________________________________________________</td>
</tr>
<tr>
<td>Date: ________________</td>
<td>Type: ____________________________________________________</td>
</tr>
</tbody>
</table>
APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of being employed, I understand and agree that:

- The receipt of this application does not imply any guarantee of employment.
- If I misrepresent or deliberately omit any information on this application, I may be refused employment or if employed, I may be terminated.
- Cal Farley's has my authorization to thoroughly investigate my employment and personal history (which may include information concerning my character, criminal convictions, mode of living, general reputation, personal characteristics and related pertinent information) and I hereby consent to take any test, whenever the organization deems it necessary, in any employment investigation. I will hold no person, corporation or organization liable for my giving or its receiving information in such investigation. (Under the statute of Senate Bill #210, potential employers of mental health professionals must ask current and past employers to disclose any history or instance of sexual contact, exploitation, or therapeutic deception by the applicant. Additionally, the law requires current and past employers to disclose any history or instance of abuse by the applicant. This information is sought and disclosed for the sole purpose of safeguarding the welfare of our residents.)
- If employed, I may terminate my employment at any time, without notice or cause, and the employer may terminate or modify the employment relationship at any time without prior notice or cause. If employed, I understand that my employment is for no definite period of time and if terminated, the employer is liable only for wages or salaries earned as of the date of termination. (Extended Illness Bank has no accrued compensatory value.)
- In consideration of my employment, I agree to comply with the rules, regulations and policies of the employer.
- If employed, I understand that no representative of the employer, other than the President of the organization, has any authority to enter into any agreement, oral or written, for employment for any specific period of time or to make any agreement or assurance contrary to this policy.
- Any physician, hospital or testing laboratory has my consent to conduct medical examinations or drug screening tests on me, and I hereby give my consent for all such information to be released for the employer to determine my abilities to perform my job, now or in the future. I also give my consent to physical searches of myself and my brief case, lunch box, vehicle, locker, purse or any packages I have while on the employer’s premises, whether or not I have a lock on such items.
- The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday. I accept these conditions of employment.
- The employer is an equal opportunity employer. The employer does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran status or disability, and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state or local law.

I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Signature_________________________________________________Date_______________________
STATE OF _______________________ )
COUNTY OF _______________________ )

Before me, the undersigned authority, on this day personally appeared ________________________, the undersigned affiant, who, being by me duly sworn, did testify and depose as follows:

1. I acknowledge that the Organization with whom I am employed is required by the Texas State Department of Family and Protective Services to obtain a copy of this Affidavit duly executed by me. I also acknowledge that my failure to execute this Affidavit will constitute a good cause basis for terminating my employment.

2. I swear or affirm, under penalty of perjury, that, either as an adult or as a juvenile, I have:
   1. Been convicted of;
   2. Plead guilty to (whether or not resulting in a conviction);
   3. Plead 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. Been diagnosed as having or have been treated for any mental or emotional condition arising from;
   9. Resigned under threat of termination of employment or volunteerism for;
   10. Had a report of child abuse or neglect made and substantiated against me for; or,
   11. Have pending criminal charge(s) 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, civil and/or administrative law of any jurisdiction, the following:

   (Please check all that apply, if none apply, check NONE on #19)

   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;
17. Any type of child abduction; or,
18. Similar or related conduct, matters, or things.
19. NONE

For each category listed, please list in detail each and every incident, location, description and date. If you checked the line marked "NONE", confirm your response by writing "NONE" on Exhibit "A".

DO NOT LEAVE EXHIBIT “A” BLANK.

3. I swear or affirm, under penalty of perjury, that all of the information contained in EXHIBIT “A” is true and complete.

FURTHER THE AFFIANT SAYITH NOT.

Signed _______________________________________
Print Name ____________________________________
Date _________________________________________

Subscribed and sworn to (or affirmed) before me this _________ day of _________________, 20____.

Signature of notary officer:

_____________________________________________
SEAL 
Commission expires: ____________________________
**INFORMATION SHEET**
**THIS SHEET AND THE FOLLOWING SHEET MUST BE COMPLETED AND SIGNED**

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRIVER'S LICENSE NUMBER</td>
</tr>
<tr>
<td>FIRST NAME</td>
</tr>
<tr>
<td>LAST NAME</td>
</tr>
<tr>
<td>MAILING ADDRESS</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>COUNTY</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
</tr>
</tbody>
</table>

**LIST ALL CITIES IN TEXAS WHERE YOU HAVE LIVED**
1. ____________________________ 2. ____________________________ 3. ____________________________
4. ____________________________ 5. ____________________________ 6. ____________________________

**LIST ALL CITIES/STATES OTHER THAN TEXAS WHERE YOU HAVE LIVED IN THE PAST 5 YEARS**
1. ____________________________ 2. ____________________________ 3. ____________________________
4. ____________________________ 5. ____________________________ 6. ____________________________

ETNICITY (ALSO FILL OUT RACE BELOW): ☐ HISPANIC ☐ OTHER
RACE: ☐ WHITE ☐ BLACK ☐ ASIAN ☐ PACIFIC ISLANDER/NATIVE HAWAIIAN ☐ AMERICAN INDIAN/ALASKAN NATIVE

**OTHER NAMES USED (MARRIED, MAIDEN, ETC.)**
FIRST NAME | MIDDLE NAME | LAST NAME(S)

**COMPLETE THE BELOW SECTION ONLY IF YOU WILL LIVE IN CAMPUS HOUSING**

**CHILDREN WHO RESIDE WITH YOU AND INCLUDE THEIR DOB**
1. ____________________________ 2. ____________________________
DOB: ____________________________

DO YOU HAVE FOSTER CHILDREN RESIDING IN YOUR HOME? ☐ Yes ☐ No

**Please complete a separate form for each dependent who resides with you in campus housing.**
If you have any change in spouse or dependent information, you must notify your Campus HR Coordinator immediately to update these forms.

I authorize and instruct ISP to prepare a consumer report or investigative consumer report and to disclose all information obtained to the Requesting Entity including relevant medical information, for the purpose of making a determination as to my eligibility for initial or continued employment (or contract for services), promotion, reassignment, retention or any other lawful purpose. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period. By signing below, I certify that I have carefully read and understand this Disclosure and Consent form, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Signature: ____________________________ Date: _____________
INVESTIGATIVE CONSUMER REPORT AND CONSUMER REPORT DISCLOSURE & CONSENT FORM

Company Name: Cal Farley’s

In connection with your employment or application for employment (or contract for services) and any future employment (or contract for services) with Requesting Entity you may have, investigative consumer reports and consumer reports, which may contain public record information may be requested from Promesa Enterprises, Inc. dba Integrated Screening Partners (ISP). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, criminal information, educational background, or any other information about you which may reflect upon your potential for employment or contract work gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, credit and bankruptcy proceedings (California/Colorado require additional notice/consent), criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from ISP such as previous driving record requests made by others from such state agencies or previous drug/alcohol tests and the results of such tests. Such reports may also contain medical information from physicals relevant to process or effect the employment.

You have the right to receive, upon your written request within a reasonable period of time a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to ISP, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that ISP has previously furnished within the two-year period preceding your request. ISP may be contacted by mail at: Integrated Screening Partners Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420. Information about ISP’s privacy practices may be found at http://www.integratedscreening.com/privacy.asp


☐ Oklahoma Applicants Only: I request a copy of any consumer report requested on me.
☐ Minnesota Applicants Only: I request a copy of any consumer report requested on me.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by ISP during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at ISP in person, by mail, or by telephone. ISP may be contacted by mail at ISP Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

☐ I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only)

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Consumer Financial Protection Bureau.

Authorization for ALL Applicants

I authorize and instruct ISP to prepare a consumer report or investigative consumer report and to disclose all information obtained to the Requesting Entity including relevant medical information, for the purpose of making a determination as to my eligibility for initial or continued employment (or contract for services), promotion, reassignment, retention or any other lawful purpose. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have carefully read and understand this Disclosure and Consent form, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Today’s Date __________________ Signature ________________________________

Print your full name __________________________
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

**TYPE OF BUSINESS:**

1. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates.

2. Such affiliates that are not banks, savings associations, or credit also should list, in addition to the Bureau:
   a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
   b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
   c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
   d. Federal Credit Unions

**CONTACT:**

1. a. Consumer Financial Protection Bureau
   1700 G Street NW
   Washington, DC 20552

   Washington, DC 20580
   (877) 382-4357

3. a. Office of the Comptroller of the Currency
   Customer Assistance Group
   1301 McKinney Street, Suite 3450
   Houston, TX 77010-9050

4. b. Federal Reserve Consumer Help Center
   P.O. Box 1200
   Minneapolis, MN 55480

5. c. FDIC Consumer Response Center
   1100 Walnut Street, Box #11
   Kansas City, MO 64106

6. d. National Credit Union Administration
   Office of Consumer Protection (OCP)
   Division of Consumer Compliance and Outreach (DCCO)
   1775 Duke Street
   Alexandria, VA 22314

7. 3. Air carriers
   Asst. General Counsel for Aviation Enforcement & Proceedings
   Department of Transportation
   Aviation Consumer Protection Division
   1200 New Jersey Avenue S.E.
   Washington, DC 20590

8. 4. Creditors Subject to Surface Transportation Board
   Office of Proceeding, Surface Transportation Board
   Department of Transportation
   395 E. Street S.W.
   Washington, DC 20423

9. 5. Creditors Subject to Packers and Stockyards Act
   Nearest Packers and Stockyards Administration area supervisor
   Associate Deputy Administrator for Capital Access
   United States Small Business Administration
   403 Third Street, SW, 8th Floor
   Washington, DC 20416

10. 6. Small Business Investment Companies
    Securities and Exchange Commission
    100 F St NE
    Washington, DC 20416

11. 7. Brokers and Dealers
    Securities and Exchange Commission
    1501 Farm Credit Drive
    Mclean, VA 22102-5090

    FTC Regional Office for region in which the creditor operates or
    Federal Trade Commission: Consumer Response Center – FCRA
    Washington, DC 20580
    (877) 382-4357

13. 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above