

# Trellis Visitation Services

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT APPLICATION) (AN EQUAL OPPORTUNITY EMPLOYER)

### Personal Information

DATE \_\_\_\_\_

PHONE NO. \_\_\_\_\_

NAME

Last

First

Middle

ADDRESS

Street

City

State

Zip

Are you 18 years or older? YES NO (Please circle one)

Are you a legal U.S. resident? YES NO (Please circle one)

### Employment Desired

(circle one)

POSITION

DATE YOU CAN START

SALARY DESIRED

Full time Part time

Are you currently employed?

If so, may we inquire of your present employer?

Have you ever applied to this company before?

Where?

When?

REFERRED BY

### Education

Circle all that apply: HS Diploma

EC1

EC2

Infant/Toddler

CPR

Shaken Baby Training

(Intro to Childcare)

(Skills & Strategies)

Other: (ex. Education courses)

College Degree?

Year:

### General Experience

Please describe any experience you have had working with children:

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### Former Employers (List below last three employers, starting with the last one first.)

DATE		EMPLOYER	SALARY	POSITION	Reason for Leaving
Month and Year		Business Name, Supervisor, Phone No.			
From					
To					
From					
To					
From					
To					

### Former Employers Cont.

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Which of these jobs did you like best?

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What did you like most about the job?

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**References: Give the names of two persons not related to you, whom you have known at least one year.**

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NAME	PHONE	PROFESSION	YEARS ACQUAINTED
1			
2			

Days of the week you are available: \_\_\_\_\_

Are there any restrictions on the hours you can work? Yes No

If yes, what are the restrictions: \_\_\_\_\_

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"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company."

DATE

SIGNATURE

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## REQUEST FOR CRIMINAL HISTORY AND DFPS HISTORY CHECK FOR SERVICES PROVIDED BY CONTRACTORS AND GRANTEES

**Purpose:** Use this form to submit background checks on employees, subcontractors, and volunteers for the contractor or grantee who provide services to populations served by DFPS or require direct access to or direct contact with DFPS clients, participants, or resources.

**Directions:** The contractor, grantee, owner, operator, or authorized representative completes the following sections on the form:

- Contractor or Grantee Information
- Verification Signature
- Background Check Subject Information (This section provides identifying information for the person required to have the background check.)

**Note:** If more space is needed for additional, required information, the contractor, grantee, owner, operator, or authorized representative may staple a separate sheet of paper with the information to this form.

CONTRACTOR OR GRANTEE INFORMATION		
Name:	Contract Number:	Telephone Number: (   )
Physical Address:	Mailing Address:	County:

VERIFICATION SIGNATURE		
<input type="checkbox"/> <b>By reviewing the person's Social Security card or driver license</b> , I verify that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge.		
<input type="checkbox"/> I understand that DFPS may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial or revocation of the contract.		
Printed name of contractor, grantee, owner, operator, or authorized representative:	Signature of contractor, grantee, owner, operator, or authorized representative:  X <i>SABRINA FRANCIS</i>	Date signed:  10/1/2024

PRIVACY STATEMENT
DFPS values your privacy. For more information, read our privacy policy online at <a href="#">DFPS Privacy and Security Policy</a> .



**BACKGROUND CHECK SUBJECT INFORMATION**

**Please enter N/A for items that are not applicable.**

First Name:		Middle Name: <input type="checkbox"/> No Middle Name		Last Name:	
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last <input type="checkbox"/> No Other Names <b>Not providing all names previously used by the individual may result in inaccurate results being received.</b>					
Other First Names:		Other Middle Names:		Other Last Names:	
Home Address:			City:	State:	Zip Code:
County of Residence:	Telephone Number: ( )	<input type="checkbox"/> Residence <input type="checkbox"/> Cell <input type="checkbox"/> Business	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Does the subject have a Social Security number (SSN)?    Yes    No					
If the subject has an SSN, it must be provided to ensure the background check result is valid: Please list the SSN here:					
If this subject does not have an SSN, enter one of the following alternate number types:					
<input type="checkbox"/> Driver License: Number:                      State:	<input type="checkbox"/> State ID: Number:                      State:	<input type="checkbox"/> Canadian SIN Number:                      State:			
<input type="checkbox"/> Passport Number:                      Country	<input type="checkbox"/> Permanent Residency Card Number:                      State:	<input type="checkbox"/> Military ID Number:                      State:			
Has this person lived outside of Texas in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			Birth City: Birth State:		
Enter all previous physical addresses for the background check subject in the space provided:					
Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian			
Will this person ever drive DFPS clients? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, enter his or her driver license number and state of issuance. Number:                      State:		
In addition to a Texas Department of Public Safety (DPS) name-based criminal history check, fingerprint-based criminal history checks are required for any contractor, subcontractor, grantee, or volunteer for the contractor or grantee who provides services to populations served by DFPS or requires direct access to or direct contact with DFPS clients, participants, or resources who fit one of the following descriptions:					
<ul style="list-style-type: none"> <li>• Currently lives or has lived outside of Texas within the past five years.</li> <li>• Currently lives or has lived outside of Texas in the 24 months since his or her last fingerprint-based criminal history check was completed.</li> </ul>					
If the individual requires a fingerprint-based criminal history check, provide an email address for the person. Email:					



**BACKGROUND CHECK SUBJECT INFORMATION**

<input type="checkbox"/> Initial Check	<input type="checkbox"/> Fingerprint Check Required		
<input type="checkbox"/> 24-Month Check	<input type="checkbox"/> Person previously completed an FBI fingerprint-based check through DFPS.		
Relationship of subject to contractor (select all that apply):		Date Hired:	Role or Job Duty:
<input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant for employment		
<input type="checkbox"/> Staff	<input type="checkbox"/> Applicant for volunteerism		
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other (describe):		



## CRIMINAL OR ABUSE/NEGLECT HISTORY FOR APPLICANTS, EMPLOYEES, OR VOLUNTEERS OF DFPS CONTRACTORS AND SUBCONTRACTORS

**Purpose:** Use this form to disclose the criminal and abuse or neglect history for each contractor's employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract or who will have access to personal DFPS client information.

**Directions:** To complete this form, fill in the fields with the required information. Attach additional pages if necessary. If the contractor submits the background check request directly through ABCS, the contractor must maintain the original document in the personnel record along with the results. If the contractor submits this form to the DFPS contract manager for submission through ABCS, the contractor must maintain a copy of this form in the personnel record along with the results.

### REQUIRED INFORMATION

1. Have you ever been convicted of a felony or misdemeanor as an adult or juvenile? This includes offenses to which you have pleaded guilty or no contest resulting in a deferred adjudication that has not yet been completed.

- Yes  
 No

If yes, give details including the date, location, and nature of the offense as well as the disposition for each incident.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor?

- Yes  
 No

If yes, give details including the date, location, and nature of the offense for each incident.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, a person who is elderly, or a person with disabilities?

- Yes  
 No

If yes, give details including the date, location, and nature of the situation as well as the disposition (if applicable) for each allegation.



**PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our privacy policy online at:  
[www.dfps.texas.gov/policies/Website/](https://www.dfps.texas.gov/policies/Website/)

**SIGNATURE**

I declare that the information provided on this form is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.

I also agree to inform the contractor within 10 days if I am named in complaints, indictments, or convictions of offenses as described in items 1 and 2 above, or if I am investigated as described in item 3 of this form. The contractor must then notify the contract manager of this information.

I grant permission to this contractor to request a DFPS Abuse/Neglect check, a Texas Department of Public Safety criminal history check, and (if applicable) a Federal Bureau of Investigation criminal history check using my identifying information.

I consent to DFPS's disclosure of any and all information, including confidential information, obtained from the above-referenced sources to the contractor listed below in order to facilitate my employment, subcontracting, or volunteer service with such contractor.

Printed Name of Person Completing Form:

Signature of Person Completing Form:

Date Signed:

Contractor's Name:

Agency Account ID #: