



512-367-9049 512-727-9209 Fax

Foster Care Companion/DCS/Provider Application

Last Name	First Name	Middle Initial	Social Security Number
Present Street Address (Apt. #)		City	State Zip code
Mailing Address		City	State Zip code
Area Code # Home Phone	Area Code # Cell/Atl. Phone	Area Code #	Work Phone
Marital Status:	Email Address:		
Birth Date: (mm/dd/year)	U.S Citizen YES NO		
	If not a U.S Citizen, are you a legal resident of the state for at least six (6) months? YES NO		

CHILDREN					
Name	Birth Date	Sex (M/F)	School/Grade or Occupation	Relationship	Do they live in the home?

EDUCATION			
School	Address	Highest Grade Completed	Degree/Diploma/GED



512-367-9049 512-727-9209 Fax

OTHER QUALIFICATIONS

License/Certification	Description	License/Cert. Number	Expiration Date

Starting with the present or most recent, list all previous employers. Include self-employment, summer, and part-time jobs, as applicable. If more space is required, please continue on a separate sheet. You may attach a resume but complete this application as well.

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY			
Last or Present Company:		Dates Work : _____ Phone Number: _____	
		From: _____ To: _____	
Street Address:		City _____ State _____	Zip Code _____
Description of Job Duties:			
Supervisor's Name:		Phone Number:	
Reason for Leaving:			
Company Name:		Dates Work : _____ Phone Number: _____	
		From: _____ To: _____	
Street Address:		City _____ State _____	Zip Code _____
Description of Job Duties:			
Supervisor's Name:		Phone Number:	
Reason for Leaving:			
Company Name:		Dates Work : _____ Phone Number: _____	
		From: _____ To: _____	
Street Address:		City _____ State _____	Zip Code _____
Description of Job Duties:			
Supervisor's Name:		Phone Number:	
Reason for Leaving:			



512-367-9049 512-727-9209 Fax

How long have you lived at your present address? _____

List below other addresses where you have lived in the last (5) years.

PREVIOUS ADDRESSES				
Address	City	State	Zip Code	Time Period

References

Please list personal references: At least three (3) personal, unrelated, references, with one of the reference having known you for at least (5) years.

Name: _____ Occupation: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____ Cell Phone: _____

Relationship to Applicant: _____ Length of time known: _____

Name: _____ Occupation: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____ Cell Phone: _____

Relationship to Applicant: _____ Length of time known: _____

Name: _____ Occupation: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____ Cell Phone: _____

Relationship to Applicant: _____ Length of time known: _____



512-367-9049 512-727-9209 Fax

Application Agreement

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED; FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE CONTRACT TERMINATION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE REGENCY CARE HOME, LLC. AND ITS EMPLOYEES AND/OR AGENTS ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINANT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND TO RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I UNDERSTAND THAT AS A FOSTER CARE PROVIDER/COMPANION, I CANNOT CONTRACT WITH, BE EMPLOYED BY, OR TRAIN WITH ANOTHER COMPANY/AGENCY (AS A FOSTER CARE PROVIDER/COMPANION) AS LONG AS I AM CONTRACTED WITH REGENCY CARE HOME, LLC. ALL RECORDS- CONSUMER AND TRAINING ARE CONFIDENTIAL, PROPERTY OF THE COMPANY AND ARE NON-TRANSFERRABLE. I ALSO UNDERSTAND THAT I WILL BE READING AND/OR HEARING CONFIDENTIAL INFORMATION ABOUT CONSUMERS AND THE COMPANY. I FURTHER UNDERSTAND THAT I SHOULD AND WILL KEEP ALL INFORMATION THAT I LEARN PRIVATE AND CONFIDENTIAL. ANY UNETHICAL DISCLOSURE OF THIS INFORMATION IS PROHIBITED AND WILL BE SUBJECTED TO THE FULL PENALTY ALLOWED UNDER THE LIMITS OF THE LAW.

Printed Name

Signature

Date