



ABIDING CHOICE

HOST HOME/ FOSTER CARE COMPANION

EMPLOYEE APPLICATION

LAST NAME		FIRST NAME		MI	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				
DO YOU HAVE A VALID DRIVERS LICENSE? _____						
DRIVERS LICENSE: STATE _____ LICENSE NUMBER _____						
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		

Failure to disclose information can result in immediate termination of your host home contract.

OTHER QUALIFICATIONS

LICENSE/CERTIFICATION	DESCRIPTION	LICENSE/CERT. NUMBER	EXPIRATION DATE

HAVE YOU BEEN A NAMED PERPETRATOR IN AN ABUSE, NEGLECT, OR EXPLOITATION ALLEGATION?
 YES OR NO

IS THE ALLEGATION PENDING CURRENTLY? YES OR NO

IF YES, PLEASE DESCRIBE ALLEGATION AND RESULT OF

INVESTIGATION: _____

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

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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	
LAST OR PRESENT COMPANY:	DATES WORKED: FROM: _____ TO: _____
	PHONE NUMBER: _____
STREET ADDRESS:	CITY STATE ZIP CODE
DESCRIPTION OF JOB DUTIES:	
SUPERVISOR'S NAME:	PHONE NUMBER:
REASON FOR LEAVING:	
COMPANY NAME:	DATES WORKED: FROM: _____ TO: _____
	PHONE NUMBER: _____
STREET ADDRESS:	CITY STATE ZIP CODE
DESCRIPTION OF JOB DUTIES:	
SUPERVISOR'S NAME:	PHONE NUMBER:
REASON FOR LEAVING:	
COMPANY NAME:	DATES WORKED: FROM: _____ TO: _____
	PHONE NUMBER: _____
STREET ADDRESS:	CITY STATE ZIP CODE
DESCRIPTION OF JOB DUTIES:	
SUPERVISOR'S NAME:	PHONE NUMBER:
REASON FOR LEAVING:	

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REFERENCES

PLEASE LIST PERSONAL REFERENCES: AT LEAST THREE (3) PERSONAL, UNRELATED, REFERENCES, WITH ONE OF THE REFERENCES 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: _____

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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 STATESMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE ABIDING CHOICE, INC. 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 ABIDING CHOICE, INC. 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.

I CONSENT TO A BACKGROUND CHECK (TX DPS) AND MISCONDUCT/NURSE AIDE REGISTRY (HCS) AS A CONDITION TO BECOME A CONTRACTED HOST HOME FOSTER CARE PROVIDER/ EMPLOYEE OF ABIDING CHOICE INC. AND A REFUSAL OF ABOVE REQUIRED CHECKS WILL TERMINATE SAID RELATIONSHIP WITH ABIDING CHOICE INC.

I UNDERSTAND THAT IF THE RESULTS OF THE BACKGROUND CHECK OR HCS REGISTRIES CHECK RETURN AN INDICATION OF A BARRED OFFENSE LISTED UNDER § 250.006 OF THE TEXAS HEALTH AND SAFETY CODE OR A LISTING ON THE HCS MISCONDUCT/NURSE AIDE REGISTRY, MY CONTRACT/EMPLOYMENT WITH ABIDING CHOICE WILL BE TERMINATED AS REQUIRED IN THE HCS PROGRAM HANDBOOK.

PRINTED NAME

SIGNATURE

DATE
