



**Education & Training**

*Please list any education or special training or certifications you have completed or worked on after high school, (or attach a resume' which includes this information)*

School Name City & State	Type of Degree or Certification & Major	Dates Attended	Graduated?

1. Why do you want to work at the Children’s center?
  
2. What are your three greatest strengths you could bring to this center?

**References & Background Checks**

*Please list four personal references who are not related to you.*

Name	Mailing Address	Daytime Phone Number	Relationship (friend, Co-worker, etc)	How long have you known this person?

I understand that the Fannin County Children's Center does not employ persons who have been convicted, or have prior charges or have charges pending for a felony or misdemeanor that involves a sex offense, violent act, child abuse or neglect or related acts that would pose risks to children or to the agency's credibility. I understand that background checks will be completed and that I must complete the authorization form attached in order to be considered for employment. Furthermore I attest that the information I have presented in this application is true and accurate to the best of my knowledge. I understand that falsifying information in this application would be grounds for termination if I am hired by the agency.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# Fannin County Children's Center

## Authorization and Release Form

I, \_\_\_\_\_, the undersigned, authorize the use of this form by the Fannin County Children's Center to obtain appropriate and personal information including, but not limited to, clearance checks with local law enforcement agencies and Children's Protective Services, I also give permission for the Fannin County Children's Center to contact previous employers and my personal references.

My Social Security Number is: \_\_\_\_\_

My Driver's License Number is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_\_

Other Names I have been known by (maiden name, married names, etc):

\_\_\_\_\_

---

Printed Full Name (First, Middle & Last Name)

---

Signature

Date

## DFPS Background Check: Information Collection Form for CASA Employees / Volunteers

First Name	Middle Name	Last Name	
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last			
Residence Street Address			
City	County	State	Zip Code
Residence Telephone Number	Alternate Telephone Number		
Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female	SSN	
Race (check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pac Island <input type="checkbox"/> Unable to Determine (or, none of the above)		Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine	
List other places you have resided (for a minimum of the past 5 years)			
Eligible for Case Connection: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email Address of the Subject of the Background Check:			

I am the person listed above and the information I provided is true and correct. I grant permission to the CASA program to request a Texas Abuse and Neglect background check through the Texas Department of Family and Protective Services on my behalf.

Signature: \_\_\_\_\_ Date of Consent: \_\_\_\_\_

## DFPS Security Agreement for CASA Employees / Volunteers

*This agreement is for individuals who are not employees of the Texas Department of Family and Protective Services (DFPS), but who will be provided confidential information as part of a project, contract, or agreement between DFPS and the organization the individual represents.*

I understand and acknowledge that information made available to me by the Department of Family and Protective Services contains data that is considered confidential under law. I will use this information with discretion in performing my duties and responsibilities as a CASA Staff or volunteer and will disclose this information to other individuals only to the extent that it is specifically authorized under the contract or agreement in place between my organization and DFPS. If at any time a question or problem arises with regard to the release of information, I will not release the information until I am so authorized. Under no circumstances will I access or release confidential information for any purpose other than in the performance of my duties and responsibilities as a CASA staff or volunteer as they relate to the contract or agreement with DFPS. I understand that if I use this information in an unauthorized manner, I may be subject to prosecution under one or more applicable statutes and will no longer be allowed access to the information provided to my organization.

If I am eligible for access to Case Connection, I acknowledge that I have read and understand the DFPS Security Requirements provided to me as part of this security agreement.

Attached please find: DFPS Requirements and Guidelines for CASA organizations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date