



EMPLOYMENT APPLICATION

Hyde Park Christian Church (HPCC) is an Equal Opportunity Employer and does not discriminate on the basis of sex, race, color, age, religion, national origin or disability.

The following is to be completed by all applicants. Answer all questions. When not applicable write "N/A".

Name _____ Social Security No. _____

Present Address _____
Address City State Zip

Telephone _____

Date of Application _____ Position Applying For _____

Date Available For Work _____ Referral Source _____

Available For Full Time Part Time On Call Any Shift? Yes No (Which?) _____

Salary Requirement _____

Emergency Contact (Name and Phone Number) _____

Employed with ^{HPCC} before? Yes No

If yes, please give details _____

Any Relatives Currently Employed by HPCC? Yes No

If yes, please give details _____

Have You Ever Been Convicted, Plead Guilty or No Contest, Been Placed on Probation or Received Deferred Adjudication, for a Crime Other Than a Minor Traffic Violation? Yes No

If Yes, please Explain _____

Are you Legally Eligible For Employment in the United States? Yes No

EDUCATION

Please provide information on education applicable to the position for which you are applying.

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		TYPE DEGREE/ DIPLOMA	COMMENTS
				YES	NO		
HIGH SCHOOL							
TECHNICAL/ VOCATIONAL							
COLLEGE OR UNIVERSITY							
GRADUATE SCHOOL							

Other Special Certification, Training or Skills related to the position you seek:

REFERENCES

May We Contact Present Employer? Yes No If No, Why Not? _____

List Professional and Personal References with Telephone Numbers:

1. _____
2. _____
3. _____

PREVIOUS WORK EXPERIENCE

(FILL IN COMPLETELY ("SEE RESUME" IS UNACCEPTABLE) - EXPLAIN PERIODS OF UNEMPLOYMENT)

Company, Address, Telephone No.	Employment		Position	Supervisor Name/Phone	Ending Salary	Reason For Leaving
	From	To				

CERTIFICATION

Please read the following statement carefully!

I certify that the information contained in this application, and accompanying resume, if any, is true, complete and correct to the best of my knowledge and understand that falsification, misrepresentation and/or omission of information is grounds for rejection of the application or for discharge if I am hired. I authorize the references, former employers and educational institutions listed on this application to give HPCC any and all information concerning my previous employment, education, and any other pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to HPCC. I authorize HPCC to request and receive such information unless otherwise indicated on this application. I agree to conform to all policies, rules and regulations of HPCC. I understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of HPCC or myself.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

Hyde Park Christian Church

Affidavit for release of information

STATE OF _____
COUNTY OF _____

I swear of affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

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 of 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 any pending criminal charges 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 or civil law of any jurisdiction);

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, matter or things.

Except the following (list all incidents, locations, descriptions, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____.

Signature of notary officer: _____
(seal, if any, of notarial officer)

CONFIDENTIAL

AFFIRMATIVE ACTION SURVEY

Hyde Park Christian Church (HPCC) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, HPCC invites applicants and employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Please reference, 70 Fed. Reg. at p.71298, Nov. 28, 2005

NAME _____ **DATE** _____

POSITION DESIRED _____

REFERRAL SOURCE _____

GENDER: Male Female

ETHNICITY

Are you a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race?

- CHECK ONLY ONE:** Yes, I am Hispanic or Latino.
- No, I am not Hispanic or Latino.

If you are not Hispanic or Latino, what race(s), do you consider yourself to be?

- White
- Black or African-American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Two or more races

- CHECK ANY IF APPLICABLE:**
- Veteran
 - Vietnam Veteran
 - Disabled Veteran
 - Person with a Disability

NOTE: THIS SHEET IS TO BE DETACHED FROM APPLICATION PRIOR TO INTERVIEW.



NOTIFICATION AND RELEASE FORM

Hyde Park Christian Church

DRUG TESTING

I understand that from time to time as a condition of my job HPCC may require me to submit to medical or other testing for the presence of drugs or alcohol. I agree to such testing and will furnish such samples or submit to such examinations as HPCC deems necessary and agree that HPCC may have access to and use the results of such tests.

RELEASE OF EMPLOYMENT RECORDS

I do hereby authorize HPCC to investigate all facts in my application for employment with said agency, and authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and release all parties from all liabilities for any damages which may result from the furnishing of said information. I understand and agree that, if hired, my employment is at will, for no definite period of time, and that I may be terminated at any time without prior notice.

CRIMINAL HISTORY CHECKS

I understand that Criminal History Checks and any Registry Check required by the Texas Department of Family and Protective (DFPS), will be performed on all new employees. I further understand that offers of employment are conditioned on satisfactory results of the Criminal History Checks and any required DFPS Registry Checks.

EDUCATIONAL/LICENSURE/CERTIFICATION REQUIREMENTS

I understand that new employees are required to present their diplomas, degrees, and transcripts, as well as proof of licensure or professional certification, if education, licensure or certification is a job requirement. I further understand that offers of employment are conditioned upon presentation of required education, licensure or certification documents.

Applicant (Printed Name)

Witness (Printed Name)

Applicant's Signature

Date

_____ Witness Signature	_____ Date
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DRUG TESTING NOTIFICATION FORM

Hyde Park Christian Church (HPCC) reserves the right to perform drug testing. New hires and existing employees are subject to the following drug testing guidelines:

PRE-EMPLOYMENT

Applicants will be subject to pre-employment drug testing after an offer of employment is made and accepted. Offers of employment are conditioned on satisfactory results of the drug test.

RANDOM

Employees will be subject to random drug testing at any time.

WORKPLACE ACCIDENTS

Employees involved in a work-related accident/incident requiring medical attention may be required to submit to a drug test.

DISCIPLINARY ACTION

Employees refusing to submit to a drug test may be terminated.

I have read and understand the drug policy and agree to its terms.

Applicant (Printed Name)

Witness (Printed Name)

Applicant's Signature

Witness' Signature

Date

Date



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME RECORDS SERVICE
Access & Dissemination Bureau



REQUEST FOR PUBLIC CRIMINAL HISTORY DATA

As required by Texas Government Code, Section 411.135, the record information provided in response to this request reflects only information on file that is "criminal history record information maintained by the Department that relates to the conviction of or a grant of deferred adjudication to a person for any criminal offense, including arrest information that relates to the conviction or grant of deferred adjudication." The response reflects only that data in the computerized criminal history file, as submitted by the reporting agencies to the Department of Public Safety and authorized for release to the public on the date of the request.

Any matches supplied in response to this request are derived from a name-based search using only the identifiers submitted by the requester. The Department of Public Safety in no way guarantees that record information provided in response to this request is for the person named in the request. The requester must use extreme caution in attributing record information to a specific person. In addition, if "No Record" is found based upon the identifiers submitted, the Department of Public Safety in no way guarantees that the person does not have a record under different identifiers.

If the identifiers submitted match less than fifteen records on file, the data for all those records will be supplied. If the identifiers submitted match more than fifteen records on file, you will be asked to provide more specific information to limit the number of possible matches. Persons requiring a fingerprint-based search may find instructions on how to complete that request by visiting www.txdps.state.tx.us/ftp/forms/CHRI-p.pdf.

Complete the form below to request criminal history information available to the public under authority of Texas Government Code, Section 411.135. The fee for this search is \$10.00 payable by check or U.S. money order to the "Texas Department of Public Safety." If you have any questions, please call (512) 424-2474.

REQUEST FOR PUBLIC CRIMINAL HISTORY DATA

I request the criminal history data available to the public under Texas Government Code, Section 411.135, on the following person:

Name (Last, First, Middle): _____

Other Names Used: _____

Sex: _____ Race: _____ Date of Birth: _____

Please mail response to: _____

Mail the request form and payment to:

Texas Department of Public Safety
Crime Records Service
P.O. Box 15999
Austin, Texas 78761