



# Job Application

Applicants please fill in ALL blanks accurately and legibly in ink. Application materials **cannot** be returned, and High Sky Children's Ranch cannot make copies. Incomplete applications will not be Considered.

<b>Personal Information</b>			
Full Name	_____		
Are you at least 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Email address _____
Mailing Address	_____	City _____	State _____ Zip _____
Primary Phone Number	_____	Secondary Phone Number	_____

<b>Position Information</b>			
Position Applying for (required)	_____		
Shift Preference	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
I prefer	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal
Have you ever worked for High Sky Children's Ranch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Available Date: _____
Have you ever applied to work at High Sky Children's Ranch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes give dates _____
Do you have relatives employed at High Sky Children's Ranch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes give names _____
What makes you interested in working at High Sky Children's Ranch?	_____		

<b>Criminal History</b>	
<i>Commission of a crime will not be an automatic bar from consideration for employment, however applicants convicted of certain criminal offences may be ineligible for employment under Texas Law.</i>	
Have you ever been convicted of a criminal offence other than a traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide information about offence including dates, charges, location & disposition _____	
Have you ever had criminal charges dismissed following probation, community service, counseling, or other court directed conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide information about offence including dates, charges, location & disposition _____	
Are you currently serving probation, community service, counseling or completing any other court directed conditions for a criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide information about offence including current status & projected completion date. _____	

### Education and Training

	School Name and Location	Did you graduate?	Degree Received	Area of Study
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
College	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Graduate	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Do you hold any current professional licenses or certifications for the position for which you are applying?  Yes  No

License Title	State or Organization Issuing License	Expiration date	No
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Have you ever been denied a professional license for the position for which you are applying?  Yes  No

If yes please provide dates, locations, and circumstances \_\_\_\_\_

Has your professional license ever been revoked, restricted, or suspended?  Yes  No

If yes please provide dates, locations, and circumstances \_\_\_\_\_

Typing Skills \_\_\_\_\_ WPM      Data Entry \_\_\_\_\_ KSPM

Please list any software you are familiar enough with to consider yourself “moderately” skilled \_\_\_\_\_

Please list any other equipment you are familiar enough with to consider yourself “moderately” skilled \_\_\_\_\_

Please list any special skills or training that would be pertinent to the consideration of your application. \_\_\_\_\_

### References

*Please provide all 4*

Name: _____	Name: _____
Email: _____	Email: _____
Address: _____	Address: _____
Telephone Number: _____	Telephone Number: _____
How do you know them _____	How do you know them _____
Name: _____	Name: _____
Email: _____	Email: _____
Address: _____	Address: _____
Telephone Number: _____	Telephone Number: _____
How do you know them _____	How do you know them _____

### Past Employment

*List your most recent position first, use additional sheets if necessary. Explain any periods of unemployment*

Company Name _____ Company Address include city, state, zip _____ Immediate Supervisor _____ Reason for Leaving _____ Beginning Salary _____ Per <input type="checkbox"/> Hr. <input type="checkbox"/> Yr.	Position(s) Held _____ Supervisor's email _____ Dates of Employment _____ --- _____ Ending Salary _____ Per <input type="checkbox"/> Hr. <input type="checkbox"/> Yr.
Company Name _____ Company Address include city, state, zip _____ Immediate Supervisor _____ Reason for Leaving _____ Beginning Salary _____ Per <input type="checkbox"/> Hr. <input type="checkbox"/> Yr.	Position(s) Held _____ Supervisor's email _____ Dates of Employment _____ --- _____ Ending Salary _____ Per <input type="checkbox"/> Hr. <input type="checkbox"/> Yr.
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## **Candidate Sign Off**

**DO NOT SIGN UNTIL YOU HAVE READ THIS AUTHORIZATION!**

HIGH SKY CHILDREN'S RANCH (HSCR) does not discriminate on any employee practice based on race, religion, color, sex, age, national origin, marital status, and veteran's status, the presence of a non-job-related medical condition or disability. No question on this application is intended to secure information which could be of a discriminatory nature. I understand and agree that, if required for the position, I will submit to pre-employment testing, criminal check, and/or credit check, in accordance with HSCR's adopted policies. I understand the HSCR promotes an alcohol/drug free workplace. I agree to abide by the guidelines set forth in the HSCR's alcohol/drug abuse policy. As such, by making application for employment I consent to alcohol/drug screening and TB testing as directed by HSCR. I will comply with all rules, regulations, and policies set forth in the HSCR's policy manual or other communications distributed by the HSCR. I understand and agree that, if I refuse to submit to such drug/alcohol screen, criminal check or driving record check, I will not be considered for employment with HSCR. I also understand that, once employed, refusal to submit to such exams or a positive result on a drug/alcohol screen will be grounds for disciplinary action, which may include termination. I hereby authorize HSCR, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize HSCR and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release HSCR, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, criminal history, academic credentials, and employment references, successful completion of all pre-employment tests and production of all documents necessary for HSCR to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services. I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that HSCR shall not be liable in any respect if my employment is so denied or terminated. I understand the acceptance of this application, the HSCR's policy statements, the HSCR's personnel guidelines or in my communications with any HSCR official is NOT intended to create an employment contract between the HSCR and me. No promise of employment has been made to me. I acknowledge that the HSCR employs individuals under the employment-at-will doctrine and that this is not subject to change. I understand my employment would be at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason.

I further authorize any former employer, present employer, school, college, university, credit or finance bureau, personal reference, and/or any other person to give record, credit, or other information of any kind or type to HSCR.

By (electronically) signing below, I hereby acknowledge that I have read, understand, and are willing to comply with the preceding statements. I also certify that all information in this application is true and correct as of this date.

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**Applicant's Signature**

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**Date**