

Still Creek Ranch

The Children's Promised Land

**6055 Hearne Road, Bryan Texas 77808
(979) 589-3206 • Fax (979) 589-2152**

Application for Employment

Please answer every question. Please print neatly or type.

Position Applied For: _____		Today's Date: _____	
Name: _____		_____	
Last	First	Middle	
Address: _____		_____	
Number	Street	City	State Zip
Home Phone: (____) _____		Social Security # _____ - _____ - _____	
Cell Phone: (____) _____		Email Address: _____	

How were you referred to Still Creek Ranch?

Newspaper T.V. Internet website Person _____

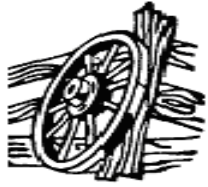
Are you currently employed? _____ Where? _____

If yes, may we contact your present employer? _____

What date are you available for work? _____

Please state your minimum salary requirement \$ _____ annual or hourly (Do not write "negotiable")

Please explain the reason for your interest in working with children/youth: _____



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IMPORTANT INFORMATION FOR ALL APPLICANTS

(Must Read and Sign)

Still Creek Ranch is a faith-based, non-profit 24-hour basic care residential facility for boys and girls ages eight to eighteen. In a diligent effort to protect the children we serve from further forms of abuse, neglect or other victimization, the Ranch is required to thoroughly screen and hold all staff members to a very high degree of accountability and professional conduct.

All applicants for employment/volunteer will be screened by :

- Criminal History and Central Registry Background Checks
- Social Security Verification
- Driving Records Checks
- Personal and Employment Reference Checks

Additionally, the Ranch reserves the right to require any employee to submit to a drug or alcohol screen if there is cause or reason to believe that the employee is under the influence of either alcohol or illegal drugs.

The Ranch will also cooperate fully with all law enforcement authorities in the prosecution of any individual found to be involving or exposing any child or young person in care, to any illicit activities and/or unlawful behavior(s).

As an applicant and potential new employee for the Ranch, do you consent to a drug/alcohol screen if employed and required to do so as a result of suspicious behavior(s) while on duty? Yes No

Please note: References and/or data that cannot be verified could delay the applicant from further consideration for employment. I have read and understand the conditions for employment identified above.

Name of Applicant (Printed): _____ Date: _____

Signature: _____ Reviewed By: _____

APPLICATION FOR EMPLOYMENT

Notice: This application is valid only for the current position of employment for which it is provided. Applications are considered active only for a thirty-day period. STILL CREEK RANCH is an at will employer.

In compliance with federal law including provisions of the Rehabilitation Act of 1973, SCR does not illegally discriminate on the basis of race, sex, color, national or ethnic origin, age, disability or military service in employment. Under federal law SCR may discriminate on the basis of religion in order to fulfill its purpose.

Still Creek Ranch maintains a smoke-free and alcohol and drug free environment.

Still Creek Ranch is a quality professional ministry for boys and girls that manifest Christian compassion and healing.
We expect all of our employees to conduct their professional and personal affairs in a manner,
which presents a positive role model for our children.

Date	Social Security Number	Date of Birth	Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name			
First	Middle	Last	
Street Address			
City	State	Zip Code	Phone
Previous Address		City	State Zip
Name, Address and Telephone of nearest relative			

1. PERSONAL INFORMATION:

Have you worked for Still Creek Ranch before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When / Job Title	Email
Do you have any physical or mental limitations that would hinder you from performing the essential qualifications for the position you are applying for? Explain:		

DRIVING RECORD

Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no Is your driver's license active? <input type="checkbox"/> yes <input type="checkbox"/> no	Driver's License Number and State	Can you travel if need be?
Do you have auto insurance?	Insurance Company	
Have you had 3 or more traffic violations or accidents in the past 3 years?		
List any moving violations in the past 3 years that you pled guilty/paid fine: (examples would include auto accidents, speeding, reckless driving, driving under the influence, etc.)		
Date: _____ Type: _____		
Date: _____ Type: _____		
Date: _____ Type: _____		
Have you ever had your license suspended or revoked?		

Marital Status: <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married Date of marriage: (/ /) <input type="checkbox"/> Divorced Date of divorce: (/ /) <input type="checkbox"/> Widow		
Dependent Name	Relationship	Date of Birth

Religious Affiliation

Church Denomination:	Church Name:	Phone:
Address:	Pastor's Name:	
City:	State:	Zip Code:
Position Held:		

Education

High School	College or University	Graduate or Professional
<input type="checkbox"/> Diploma <input type="checkbox"/> GED Name of School: All applicants are required to have a High School diploma or GED	<input type="checkbox"/> Associate's Field: _____ Date received: _____ Name of School: <input type="checkbox"/> Bachelor's Field: _____ # Hours: _____ Date received: _____ Name of School:	<input type="checkbox"/> Master's Field: _____ Date received: _____ Name of School: <input type="checkbox"/> Doctorate's Field: _____ # Hours: _____ Date received: _____ Name of School:

Military Experience

Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:
State discharge received. (A less than honorable discharge is not an automatic ban to employment. The circumstances will be considered in relation to the position for which you are applying.)	

Skills (Office Positions Only)

Typing WPM	Shorthand WPM
Please list business machines and equipment that you can operate:	

Additional Skills:

CPR / First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No Certification date:	Drug / Alcohol Counseling <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication Training <input type="checkbox"/> Yes <input type="checkbox"/> No	Behavior Management Training <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
Professional License (s) List:		
Summarize any other job-related skills and qualifications not listed above acquired from employment or experience:		

2. Employment Record

This section Must be completed, even if you are attaching a resume. Begin with your present or most recent employment. Include self-employment, summer or part-time jobs, & military assignment for the Past 15 years. Attach an additional sheet if necessary.

<p>Employer: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____</p> <p>Your job title: _____ Supervisor: _____</p> <p>Did you receive any written discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____</p> <p>Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you give required notice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Specific Reason for leaving: _____</p> <p>Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;">Date Employed:</p> <p>From (mm/yr) _____</p> <p>To (mm/yr) _____</p> <p><input type="checkbox"/> Exempt Employee <input type="checkbox"/> Hourly Employee</p> <p>Final or current salary: \$ _____</p>	<p style="text-align: center;">Summary of Work Performed</p>
<p>Employer: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Your job title: _____ Supervisor: _____</p> <p>Phone: _____</p> <p>Did you receive any written discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____</p> <p>Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you give required notice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Specific Reason for leaving: _____</p> <p>Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;">Date Employed:</p> <p>From (mm/yr) _____</p> <p>To (mm/yr) _____</p> <p><input type="checkbox"/> Exempt Employee <input type="checkbox"/> Hourly Employee</p> <p>Final or current salary: \$ _____</p>	<p style="text-align: center;">Summary of Work Performed</p>
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<p>Employer: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Your job title: _____ Supervisor: _____</p> <p>Phone: _____</p> <p>Did you receive any written discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____</p> <p>Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you give required notice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Specific Reason for leaving: _____</p> <p>Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;">Date Employed:</p> <p>From (mm/yr) _____</p> <p>To (mm/yr) _____</p> <p><input type="checkbox"/> Exempt Employee <input type="checkbox"/> Hourly Employee</p> <p>Final or current salary: \$ _____</p>	<p style="text-align: center;">Summary of Work Performed</p>

3. References

It is very important that you provide us with DAYTIME phone number, so there is no delays in processing your application.

Personal References

Name: _____ Address: _____ City, State, Zip _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person?	This person's profession is:
Name: _____ Address: _____ City, State, Zip _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person?	This person's profession is:
Name: _____ Address: _____ City, State, Zip _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person?	This person's profession is:

Family Member References (non Spouse)

Name: _____ Address: _____ City, State, Zip _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person?	This person's profession is:
Name: _____ Address: _____ City, State, Zip _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person?	This person's profession is:
Name: _____ Address: _____ City, State, Zip _____ Daytime Phone: _____ Cell Phone: _____	How long have you known this person?	This person's profession is:

Background Information :

Have you ever been convicted of or pled no contest (nolo contendere) to any crime that would constitute a felony? Yes No (Please list even if your record has been expunged or cleared)

Felony Degree (If known): _____ Type: _____

State / County: _____ Date: _____

Explain: _____

Sentence / Fine: _____

Felony Degree (If known): _____ Type: _____

State / County: _____ Date: _____

Explain: _____

Sentence / Fine: _____

Conviction does not necessarily disqualify applicants from employment. However, unless proof of rehabilitation has been established, no person may be hired or kept employed in a position requiring contact with children if that person has been convicted of:

- A felony or misdemeanor classified as an offense against the person or family
- A felony or misdemeanor classified as a public indecency
- A felony violation of any law intended to control the possession or distribution of any substance classified as a controlled substance by federal, state or local statutes

(Source: Texas Department of Family and Protective Services, Consolidated Standards of Care for licensed childcare facilities.)

Have you ever had a complaint filed against you with the Department of Family and Protective Services (Child or Adult Protective Services) in Texas or any other state? Yes No

State / County: _____ Address: _____ Date: _____

Explain: _____

Sentence/ Fine: _____

Final result of complaint: _____

Attach supporting document (s) even if findings were unsubstantiated.

All applicants please complete

Please answer the following question on your own. Attach additional sheets for your answers if needed. These questions are designed so that we may learn more about you and your suitability for employment in our organization.

1. Please explain the reasons for your interest in working directly or indirectly with children / youth.

2. How would you describe a “good” child?

3. How would you describe a “bad” child?

4. How would you describe a “good youth worker?”

5. What techniques best demonstrate “proper discipline for children?”

6. What are your three greatest strengths in working with children?

- 1. _____
- 2. _____
- 3. _____

7. What are your three greatest weakness in working with children?

- 1. _____
- 2. _____
- 3. _____

8. Describe the most frustrating experience you have ever had with children:

9. Describe the most rewarding experience you have ever had with children:

10. What causes you stress and how do you deal with it?

11. How do you handle feelings of anger and frustration towards others?

House-Parent Applications Only

1. Do you have pets? Yes No

If Yes, how many and what kind? _____

Would you consider getting rid of your pet? _____

2. Do you have dependent school-age children? Yes No

If so, complete the section below.

Name	Gender	Age	Do you have legal custody of this child?	Does the child reside with you full time or part time?	If the child resides with you part time, please explain.

3. Do you home-school your children? Yes No

4. Do your child / children have any special challenges, behavioral problems or need that would affect the environment of our residents or that would affect your ability to perform your job duties? Yes No
If so, please describe below in detail.

Campus Preference: Boys Ranch Girls Ranch

Previous Licenses / Registration

Has the Texas Department of Family and Protective Service or any other agency registered or listed you to care for children?
 Yes No

If "yes", when were you registered or listed? From: _____ To _____ County _____

Address (Street, City, Zip) _____

If you were registered under another name, what was the name, what was the state? _____

What kind of license did you have? _____

Are you now a foster parent? Yes No

Have you ever been denied a permit to care for children? Yes No Address and County _____

Have you ever had a permit revoked or suspended? Yes No County _____

If yes when was it revocation or suspension occur? _____

Operation's address _____

Has an operation that you owned or operated ever been placed on probation? Yes No

If "yes" when was it placed on probation? _____ What was the reason? _____

General Release

I authorize the individuals listed above as personal references to release any personal information that may pertain to my work habits or work performance.

I agree that any misrepresentations made by me on the application or during related interviews may result in the withdrawal of an offer of employment or termination of employment if I have begun work without any obligation or liability to me except for payment for actual services rendered.

I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I hereby authorize Still Creek Ranch to contact the persons listed on this form. I understand that the Still Creek Ranch may contact others and, at any time seek verification of any and all information on this form. I understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of the job.

I hereby authorize Still Creek Ranch or its representatives to verify any information contained in this application and/ or the attachments.

I authorize Still Creek Ranch or its representatives to verify my social security number and do any background checks that they may feel necessary.

I further authorize Still Creek Ranch to verify and / or secure other information relating to my employment with Still Creek Ranch including but not limited to education and training data, previous employment data, driving records, and arrest / conviction records, etc.

PRINTED NAME: _____

Date: _____

SIGNATURE: _____

<u>FOR EMPLOYER'S USE ONLY</u>	
Interview Scheduled <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Interview: _____ Interviewer's Name _____
Personal References Checked (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/>	
Employment Reference Checked (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/>	
Hired <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason Not Hired _____
Job Title _____	Date of Employment _____ Starting Salary _____
Interview Notes:	

Supplemental Application

This form is part of the Application process and must be completed and turned in with your application in order to be considered for employment. Please answer each question thoroughly. Attach an additional sheet if necessary.

When did you become a Christian?

Briefly describe your Christian beliefs and your relationship and commitment to the Lord Jesus Christ.

Briefly describe your knowledge of and your ability to communicate the truths contained in the Bible.

In what ways do you believe God has prepared you for this ministry? Include past participation in Christian service, your call to Christian service, opportunities for leading others to Christ and experiences in exercising leadership, etc.

In what ways do you see yourself as a Christian model for the boys and girls at Still Creek Ranch?

Please relate your beliefs and defend with scripture the following:

SIN:

JESUS CHRIST:

SALVATION:

SCRIPTURE:

If you are married, how do you see your spouse and yourself working together in ministry? How do you balance one another?

Have you ever worked in a children's home or in childcare in any capacity before? If so, please explain:

Describe work. Volunteer or personal experiences in supervising groups of children.

Why do you think you can effectively supervise groups of children?

Why do you feel that group child / youth care work is the right occupation for you?

Do you prefer to work with a particular age group or sex? Why?

Other comments relating to working with a group of children / youth on a daily basis.