



RENEWAL

**WASHOE COUNTY
HUMAN SERVICES AGENCY**

DIRECT CARE STAFF MEMBER

APPLICATION FOR EMPLOYMENT FOR A FOSTER FAMILY

Print all answers

Family Foster Staff Group Home Contract/Treatment Provider Other

Name of home or facility where you will work: _____

Last Name: _____ First: _____ Middle: _____

Maiden Name: _____ Alias: _____

Address (physical): _____ Phone: _____

Address (mailing): _____
City State Zip Cell Phone: _____

SSN: _____ DOB: _____
City State Zip Place of Birth: _____

E-mail: _____

List the addresses where you have resided the last five years. Include the name of the County & Country

Street	City	State/Zip	County / Country	From: -- To: -- <small>(Mo/Year) (Mo/Year)</small>
_____	_____	_____	_____	--
_____	_____	_____	_____	--
_____	_____	_____	_____	--
_____	_____	_____	_____	--
_____	_____	_____	_____	--

Marital Status: (check one)

- Married
- Single
- Unmarried Couple

Ethnicity: (Check one)

- Non-Hispanic
- Hispanic/Latino
- Unable to Determine
- Child Abandoned

Race: (Check as applicable)

- Caucasian
- African American
- Asian
- Native American
- Native Hawaiian Pacific Islander
- Child Abandoned

Marriage Date: _____

Pursuant to AFCARS requirements, the Department is required to collect the following information if you are married:

Spouse:

Last Name: _____ First: _____ Middle: _____

Maiden Name: _____ Alias: _____

Address (physical): _____ Phone: _____

SSN: _____ DOB: _____

Ethnicity: (Check one)

- Non-Hispanic
- Hispanic/Latino
- Unable to Determine
- Child Abandoned

Race: (Check as applicable)

- Caucasian
- African American
- Asian
- Native American
- Native Hawaiian Pacific Islander
- Child Abandoned

List biological or adopted children whether they reside with you or not.

First and Last Name

Date of birth

Address

EMPLOYMENT

Present or Last Employment:

Employed by: _____ Phone: _____

Type of work: _____

Hours of work: _____ Length of time on present job: _____

BACKGROUND INFORMATION:

I. Describe your general health (include any serious illnesses or disabilities).

Is there any history of mental illness, drug or alcohol addiction for you? Yes No

If Yes, please explain: _____

VI. Are you or have you ever been on any medications? Yes No If yes, table below must be completed. Please exclude medications prescribed to treat common illness such as flu, ear infections, etc.

MEDICATION	DOSAGE	PRESCRIBED BY	DATE STARTED & DISCONTINUED

Section 106 of the Adoption and Safe Families Act states that:

- In any case in which a record check reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or for a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, if a State finds that a court of competent jurisdiction has determined that the felony was committed at any time, such final approval shall **not** be granted; and
- In any case in which a record check reveals a felony conviction for physical assault, battery, or a drug-related offense, if a State finds that a court of competent jurisdiction has determined that the felony was committed within the past 5 years, such final approval shall **not** be granted.

II. Have you ever been arrested? Yes No

Indicate citations, dismissed cases or cases you believe may be sealed.

If yes, list offense or charge, date, place of arrest/citation, and disposition.

III. Have you or anyone in your household ever been investigated for child abuse/neglect? Yes

No If yes, list name, date, investigating agency where incident occurred, allegations and outcome of case.

IV. Attach verification of training: Refer to NAC 424.270 & 670

(Family Foster Direct Care Staff Members require 4 hours of training)

(Group Home house parents/staff require 20 hours of training)

V. Attach verification of TB testing: Refer to NAC 424.167 (2)

I attest that the above information supplied in this application is complete and true. I understand that any incomplete or false information will result in an immediate rejection of my application.

Signature

Date