Catholic Community Services

Youth & Family Services
2933 Center Street NE
Salem, OR 97301
503-362-2225

Rainbow Family Services
800 Second Street NE
McMinnville, OR 97128
503-472-2240

TREATMENT FOSTER PARENT - TFP - APPLICATION

Date: _____

Last Name: _____ First Name: _____Middle: _____

Mailing Address: _____

City:_____ State: _____ Zip: _____

Telephone Number (Home): _____ (Work): _____

(Other):_____

E-Mail: _____

May we telephone you at your current employment? Yes ☐ No ☐

Social Security #: _____-_____-_____

Do you have a valid Oregon driver's license? Yes ☐ No ☐

ODL License #: _____ Expiration Date: _____

Who referred you to our agency? Name - _____

Other Source? ☐-Newspaper ☐-Website ☐-Radio ☐-CCS Presentation ☐-Other

GENERAL INFORMATION:

Position Applied For: TFP Full-Time ☐ Back-Up ☐ Respite ☐

Have you ever been employed by Catholic Community Services (YFS or RFS) ? Yes ☐ No ☐

Are you a US citizen or otherwise authorized to work in the US without restrictions? Yes ☐ No ☐

Are you willing to provide respite care during the evenings? Yes ☐ No ☐

Since the age of 18 have you been convicted of a misdemeanor or felony? Yes ☐ No ☐

(Please note that a "Yes" will not bar you from consideration for employment. Each conviction will be reviewed on its own merits with respect to time, circumstances & seriousness, along with all other information relevant to the work for which you have applied.)

If "Yes", please explain: _____

_____

_____

Drug Testing: Catholic Community Services may conduct pre-employment drug testing. Job offer is contingent upon a negative test result. If test results are positive, you must wait one year before re-submitting an application for reconsideration. Catholic Community Services also conducts random, post-accident and reasonable suspicion testing.

EDUCATION & TRAINING

School	Name/Location	Course of Study	Dates Attended	Did You Graduate? Yes/No - Date	Degree
High School					
College					
Graduate					

Please summarize any skills, training, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

_____

_____

REFERENCES:

List three (4) relative or non-relative familiar with your qualifications, actual work history & abilities.

(1) NAME: _____ RELATIONSHIP: _____
ADDRESS: (Street #/Name – City - State - Zip) _____
CITY/STATE/ZIP: _____ PHONE(s): _____

(2) NAME: _____ RELATIONSHIP: _____
ADDRESS: (Street #/Name – City - State - Zip) _____
CITY/STATE/ZIP: _____ PHONE(s): _____

(3) NAME: _____ RELATIONSHIP: _____
ADDRESS: (Street #/Name – City - State - Zip) _____
CITY/STATE/ZIP: _____ PHONE(s): _____

(4) NAME: _____ RELATIONSHIP: _____
ADDRESS: (Street #/Name – City - State - Zip) _____
CITY/STATE/ZIP: _____ PHONE(s): _____

ADDITIONAL INFORMATION:

Please provide additional information about yourself you believe pertinent to the treatment foster parent position: _____

_____

_____

You must complete the Home Study Biography Questionnaire prior to being considered for a contract as a treatment foster parent and to accompany this application. This form is included in the application packet.

EMPLOYMENT HISTORY:

Please list your present and past work experience for the last ten years beginning with your current job. You may include volunteer activities/positions. An additional page may be attached if necessary.

NAME OF EMPLOYER: _____ PHONE: _____

ADDRESS: (Street/City/State/Zip) _____

OK to Contact? [ ]-Yes [ ]-No EMPLOYMENT DATES: From: _____ To: _____

POSITION: _____ SUPERVISOR: _____

DESCRIPTION OF DUTIES: _____

_____

_____

REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ PHONE: _____

ADDRESS: (Street/City/State/Zip) _____

OK to Contact? [ ]-Yes [ ]-No EMPLOYMENT DATES: From: _____ To: _____

POSITION: _____ SUPERVISOR: _____

DESCRIPTION OF DUTIES: _____

_____

_____

REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ PHONE: _____

ADDRESS: (Street/City/State/Zip) _____

OK to Contact? [ ]-Yes [ ]-No EMPLOYMENT DATES: From: _____ To: _____

POSITION: _____ SUPERVISOR: _____

DESCRIPTION OF DUTIES: _____

_____

_____

REASON FOR LEAVING: _____

TFP INFORMATION SHEET:

TFP (applicant) NAME: _____ DATE: _____

Number of Children Living at Home: _____

Children's Names:	Gender:	Age & DOB:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School District of Your Residence: _____
Are you on School Bus Line? _____ City Bus Line? _____ Other? _____

Your Religious Preference: _____ Spouse's: _____

HOME OWNERS'/RENTERS' INSURANCE INFORMATION:

Insurance Name (not agent): _____
Policy #: _____ Agent: _____

VEHICLE INSURANCE INFORMATION:

Insurance Name (not agent): _____
Policy #: _____ Agent: _____
Policy #: _____ Agent: _____

EMERGENCY PHONE LISTINGS:

EMERGENCY PHONE #: _____ NAME: _____
RELATIONSHIP: _____

EMERGENCY PHONE #: _____ NAME: _____
RELATIONSHIP: _____

NOTE: This application is valid for one year from the date signed. If you want to be considered for job openings more than one year from the date signed, you will need to submit a new application.

CERTIFICATION INFORMATION:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.

ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING.

I certify that all answers and statements made on this application (and resume or other supplementary materials – Home Study Biography) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I enter into a contract with Catholic Community Services. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.
YES ☐ **NO** ☐

I will be responsible for familiarizing myself with all rules and regulations of Catholic Community Services, as well as Youth & Family Services and Rainbow Family Services, as they presently exist or are later modified. I recognize that my employment/contract may be terminated, at the discretion of Catholic Community Services and Youth & Family Services or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement/contract.
YES ☐ **NO** ☐

I understand that no representative of Catholic Community Services has any authority to enter into an employment agreement/contract for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment/contract except as specifically stated in a current written agreement signed by Human Resources.
YES ☐ **NO** ☐

I have read, understand and agree with the above statements.

_____ _____
Signature of Applicant Date