



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: \_\_\_\_\_  
City State Zip

Address (mailing): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City State Zip

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ 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

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**REFERENCES:**

List seven references that have known you for at least 3 years. No more than 2 may be related.

Please contact each reference to insure the accuracy of this information and request an immediate reply when they receive a letter from the Department. If information is not complete, reference letters will not be sent.

Name	Relationship	Complete Mailing Address	Phone#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Please circle the number of any reference letters you want sent in Spanish.

Note: References are confidential. Any dissemination, collection or submission by anyone other than the person to whom it was mailed will result in an **invalid** reference.

**EMPLOYMENT**

**Present or Last Employment:**

Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of work: \_\_\_\_\_

Hours of work: \_\_\_\_\_ Length of time on present job: \_\_\_\_\_

**BACKGROUND INFORMATION:**

I. Have you ever been cleared to work in a foster home in Nevada or in another State or worked in a Foster/Group Home? Yes  No  If Yes, when, where and how long?  
\_\_\_\_\_

II. Have you ever been licensed as a foster parent in Nevada? Yes  No  If yes, when, where and how long?  
\_\_\_\_\_

III. Do you now or have you ever provided care for any child that is not your own? Yes  No

If yes, for whom, when, where, & how long?

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IV. Do you now or have you ever had a Child Day Care License? Yes  No

If yes, please list when you possessed the Child Care license(s) in Washoe County. If you have a current child care license, please attach copy of the license.

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

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

If Yes, please explain: \_\_\_\_\_

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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.

VII. 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.**

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VIII. 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.

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

(Family Foster Direct Care Staff Members require 3 hours child discipline and 3 hours child development.)

(Group Home house parents/staff require 40 hrs of training.)

X. **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