

PERSONAL HISTORY STATEMENT

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

Name (Last, First, Middle)	Soc. Sec. No.*	TX. Driver's License No.*	Date of Birth
Mailing Address	City	Zip Code	Home Telephone No. (A/C)
Name of Operation	Capacity	Your Title or Position at the Operation	
Operation Address	City	Zip Code	Telephone No. (A/C)

*Indicate if you do not have a Social Security number or a Texas driver's license.

1. EDUCATION:

Elementary or High School (check highest year completed) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate or receive a GED?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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NAME OF SCHOOL	LOCATION CITY AND STATE	DATES ATTENDED				GRAD- UATED		TYPE OF DIPLOMA OR DEGREE	MAJOR FIELD OF STUDY
		From		To		Yes	No		
		Mo.	Yr.	Mo.	Yr.				
College or University		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Technical or Vocational		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Describe any other special training you have had which you feel is pertinent. Including Continuing Education Units. Give dates, locations, and the name of the organization or agency sponsoring the training.

List any professional licenses, certifications, or credentials you hold.

2. EMPLOYMENT AND EXPERIENCE – Show all positions held within the last 10 years beginning with current or last employer.

DATES EMPLOYED				POSITION	Full Time	Part Time	EMPLOYER	ADDRESS
From		To						
Mo.	Yr.	Mo.	Yr.					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Use additional sheets as necessary.

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A. Describe the duties of each position listed above that were in the areas of child-care services, child-care personnel supervision, skill-based instruction, recreational or youth development program, and program management or administration.

B. Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give dates and locations.

3. PREVIOUS LICENSES/REGISTRATIONS/LISTINGS

A. Has the Texas Department of Family and Protective Services or any other agency ever registered or listed you to care for children?

Yes No

If "Yes," when were you registered or listed? From: _____ To: _____	Address (Street, City, ZIP)
County and State	If you were registered under another name, what was the name?

B. Has the Texas Department of Family and Protective Services or any other agency ever licensed you to care for children? Yes No

If "Yes," what kind of license did you have?	When were you licensed? From: _____ To: _____
Name of operation	
Operation Address (Street, City, State and ZIP)	County

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C. Are you now a foster parent?..... Yes No

D. Have you ever been denied a permit to care for children? Yes No

If "Yes," when were you denied?	For what type of child care were you denied?
Operation's Address (Street, City, State and ZIP)	County
What was the reason for the denial?	

E. Have you ever had a child-care permit revoked or have you ever been barred/prohibited from operating? Yes No

If "Yes," when did the revocation or bar occur?	What was the reason for the revocation or bar?
Operation's Address (Street, City, State and ZIP)	County
If the revocation or bar occurred in another state, list the name and address of the regulatory body that issued the revocation or bar	
Indicate the type of child care permit that was revoked or the type of child care you were barred from operating?	

F. 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 it was placed on probation?
Operation's Address (Street, City, ZIP)	County

4. PEOPLE IN THE HOME: For Child Care Operations in Homes Only:

(Complete only if child care will be provided in the home where the caregiver and family reside.)

The following people 14 years old or older live in my home in addition to myself. Use additional sheets as necessary.

NAME (Last, First, Middle)	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.*	TX. DRIVER'S LIC. NO.*	RELATIONSHIP

5. HEALTH

A. Are you physically and/or emotionally fit to act as the director/administrator of a child care operation? Yes No

If "No," please explain.

B. Is any person listed in #4 physically and/or emotionally impaired? Yes No

If "yes", please explain.

6. CHILD ABUSE/NEGLECT

Have you or has any person listed in Item #4 ever been investigated for abusing or neglecting a child by any of the following agencies?

A. Child Protective Services of the Texas Department of Family and Protective Services..... Yes No

B. County child welfare agency Yes No

C. Law enforcement agency (police, sheriff, etc.) Yes No

D. Child welfare agency in another state Yes No

E. Other (specify)..... Yes No

If "Yes" to any of the above, what was the child's name?	How was the child related?
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When did this occur?	Where?
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7. CRIMINAL CHARGES/CONVICTIONS

A. Have you or has any person listed in Item #4 ever been convicted of a felony or misdemeanor?..... Yes No

If "Yes," give name of person(s)	Date of Conviction	Location
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Give details including type of conviction and disposition: _____

B. Do you or does any person listed in Item #4 have felony or misdemeanor charges pending with the county or district attorney or is anyone now complying with the terms of a deferred adjudication? Yes No

If "Yes" give name of person(s)	Type of Charge	
County where charges are pending or length of deferred sentence.	Court No.	Location

Give details: _____

8. FOR DIRECTOR OF LICENSED CENTERS ONLY

Please attach all additional documentation relevant to your education, training, and job experience to this form (e.g.: an original DFPS child care director's certificate, college transcripts, original training course certificates, or C.D.A. credential). All original documentation will be returned to you after qualifications are evaluated.

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 the Texas Department of Family and Protective Services to contact the persons listed on this form. I understand that the Department 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 license.

_____	_____
Signature	Date