

Unique Avenue, Inc.  
General Residential Operation  
An Equal Opportunity Employer



Thank you for your interest in applying at Unique Avenue, Inc. Please review the following checklist below to ensure that you will be a qualified candidate to work within our organization. You may submit your application and other required documents to [info@uniqueavenue.org](mailto:info@uniqueavenue.org) (please do not submit notarized documents via email). If you have any questions or concerns please feel free to contact us!

**Before Hire-Complete the following activities and/or documents**

- ☐ Review Stipulations for Background Check Clearance- \*On Unique Avenue Website
- ☐ 23 years of age or older
- ☐ Exhibit Basic Computer Skills
- ☐ Submit Application
- ☐ Submit Driver's License or Texas ID and Social Security Card
- ☐ Interview Process
- ☐ Extend Offer for Employment
- ☐ Submit 3 Notarized References' for Employment
- ☐ Form 2985-*Notarized Affidavit for Applicants for Employment w/ Licensed Operation or Registered Child-Care Home*
- ☐ Form 2970c-*Criminal or Abuse/Neglect History for Applicants, Employees, or Volunteers*
- ☐ Complete and Pass FAST Finger Pass –Background Check- *Applicant's Expense- Check*

**Prior to Training- Contingent Employee**

- ☐ Submit High School Diploma or Transcript/ GED Certification
- ☐ Form 2970-*Sign Disclosure and Consent to Release Information Regarding Criminal Abuse/Neglect History*
- ☐ Submit TB-Shot Record
- ☐ Pass Mandated Drug Test

**During Training**

- ☐ [Form W-4](#)
- ☐ Medical Emergency Form
- ☐ Informed Consent/Refusal for Hepatitis B Vaccine
- ☐ Required Attire (Uniform)-*Applicant's Expense*
- ☐ Complete General Orientation
- ☐ Complete Pre-Service Training
- ☐ On the Job Training (Floor Training)

***All prospective employees must complete the fore mentioned documents/activities within the required time-frame before they are considered an employee within the organization and to earn pay for training hours.***

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*It is important that you complete all parts of the application. If your application is incomplete, it may not be accepted. If you have no information to enter in a section, please write N/A. Thank you for applying with Unique Avenue, Inc.*

| Personal Information  |                                  |   |                                    |   |                                   |  |  |
|---|----------------------------------|---|------------------------------------|---|-----------------------------------|--|--|
| Name (First, MI, Last)  |                                  |   |                                    | Social Security Number                                    |                                   |  |  |
| Street Address  |                                  |   |                                    |   |                                   |  |  |
| City, State, Zip Code, and County   |                                  |   |                                    |   |                                   |  |  |
| Telephone Number  |                                  |   |                                    | Alternate Phone Number                                    |                                   |  |  |
| Birthdate (Month/Date/Year)   |                                  | Ethnicity   |                                    |   | Email                             |  |  |
| Have you been a resident in the state of Texas for 5 Years?   |                                  |   |                                    | If not, please provide your last known address below:     |                                   |  |  |
| Street Address  |                                  |   |                                    |   |                                   |  |  |
| City, State, Zip Code and County  |                                  |   |                                    |   |                                   |  |  |
| Do you have a Driver's License?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                                  | Driver's License Number                                 |                                    |   | Identification Card Number        |  |  |
| Have you had any car accidents during the past three years?   |                                  |   |                                    | If so, how many?  |                                   |  |  |
| Have you had any moving violations during the past three years?   |                                  |   |                                    | If so, how many?  |                                   |  |  |
| Job Availability  |                                  |   |                                    |   |                                   |  |  |
| <p><b>*All employees will be required to work a minimum of 2 weekends every month.</b></p> <p><b>* A-Shift availability is specific to non-instructional days (i.e. weekends and holidays).</b></p> <p><b>* Select the position you are applying for and your availability below.</b></p> |                                  |   |                                    |   |                                   |  |  |
| <input type="checkbox"/> Child Care Worker  |                                  | <input type="checkbox"/> Prep Cook/Cook                 |                                    | <input type="checkbox"/> Contract Staff Worker            |                                   | <input type="checkbox"/> Administrative/<br>Professional Staff |  |
| <input type="checkbox"/> No Preference  |                                  | <input type="checkbox"/> A Shift<br>7:00 a.m.-3:00 p.m. |                                    | <input type="checkbox"/> B Shift<br>3:00 p.m.- 10:00 p.m. |                                   | <input type="checkbox"/> C Shift<br>10:00 p.m.-7:00 a.m.       |  |
| <input type="checkbox"/> Monday   | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday                      | <input type="checkbox"/> Thursday  | <input type="checkbox"/> Friday                           | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday                                |  |
| I am seeking:   |                                  |   | <input type="checkbox"/> Part-Time |   |                                   | <input type="checkbox"/> Full-Time                             |  |

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**Additional Information**

|  |     |    |
|--|-----|----|
| Please indicate your answer by placing a check mark in the appropriate box.  | Yes | No |
| Have you ever been employed by this organization in the past?  |     |    |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.   |     |    |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a misdemeanor or felony? |     |    |
| If yes, please explain:  |     |    |
| Have you ever been investigated for abuse/or neglect of a child?   |     |    |
| If yes, please explain:  |     |    |

**Education and Training**

| School                                    | Physical Address            | Did you acquire a diploma? Yes/No |
|---|-----------------------------|-----------------------------------|
| <b>High School</b>                        |                             |                                   |
|   |                             |                                   |
|   |                             |                                   |
| <b>College/Trade School</b>               |                             |                                   |
|   |                             |                                   |
|   |                             |                                   |
|   |                             |                                   |
| <b>Military</b>                           |                             |                                   |
| Have you ever served in the armed forces? | <input type="checkbox"/> No | <input type="checkbox"/> Yes      |
| Date of Service                           |                             |                                   |

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**Work Experience**

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

|                           |                         |                 |
|---------------------------|-------------------------|-----------------|
| Company                   | Name of last supervisor | Hrs/week        |
| Address                   | Start Date              | Starting Salary |
| City, State, and Zip Code | End Date                | Final Salary    |
| Phone number              | Your last job title     |                 |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? ☐ Yes ☐ No

|                           |                         |                 |
|---------------------------|-------------------------|-----------------|
| Company                   | Name of last supervisor | Hrs/week        |
| Address                   | Start Date              | Starting Salary |
| City, State, and Zip Code | End Date                | Final Salary    |
| Phone number              | Your last job title     |                 |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? ☐ Yes ☐ No

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**Work Experience (continued)**

|                           |                         |                 |
|---------------------------|-------------------------|-----------------|
| Company                   | Name of last supervisor | Hrs/week        |
| Address                   | Start Date              | Starting Salary |
| City, State, and Zip Code | End Date                | Final Salary    |
| Phone number              | Your last job title     |                 |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? ☐ Yes ☐ No

**References**

*Please include name, phone number, and circumstances of your acquaintance.*

1.

2.

3.

***I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.***

Signature

Date

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Notarized Reference for Employment

| Applicant's Information  |                           |
|--|---------------------------|
| First and Last Name  |                           |
| The section below should be completed by the person providing the reference: |                           |
| Reference First and Last Name  | Relationship to Applicant |
|  |                           |
| Physical Address, City, State, Zip Code, and County                          |                           |
|  |                           |
| Telephone Number   | Email Address             |
|  |                           |

|   |       |
|---|-------|
| Please list the applicant's strengths, qualities or abilities to provide a nurturing relationship to homeless children.   |       |
|   |       |
| Describe how effective the applicant may be in his/her ability to manage children with aggression resulting from emotional distress due to feelings of abandonment, anger, anxiety, frustration, low self-esteem, loneliness etc... |       |
|   |       |
| Do you believe the applicant to be of good moral character and to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please explain why or why not below.  |       |
|   |       |
| Reference's Signature:  | Date: |
|   |       |

Subscribe and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_.

Signature of Notary Officer:\_\_\_\_\_ My Commission Expires:\_\_\_\_\_

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|---|---------------------------|
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|   |                           |
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|   |                           |
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|   |                           |
| Describe how effective the applicant may be in his/her ability to manage children with aggression resulting from emotional distress due to feelings of abandonment, anger, anxiety, frustration, low self-esteem, loneliness etc... |                           |
|   |                           |
| Do you believe the applicant to be of good moral character and to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please explain why or why not below.  |                           |
|   |                           |
| Reference's Signature:  | Date:                     |
|   |                           |

Subscribe and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_.

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|   |                           |
| Physical Address, City, State, Zip Code, and County   |                           |
|   |                           |
| Telephone Number  | Email Address             |
|   |                           |
| Please list the applicant's strengths, qualities or abilities to provide a nurturing relationship to homeless children.   |                           |
|   |                           |
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|   |                           |
| Do you believe the applicant to be of good moral character and to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please explain why or why not below.  |                           |
|   |                           |
| Reference's Signature:  | Date:                     |

Subscribe and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_.

Signature of Notary Officer: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_





## Medical Emergency Information

|   |                   |
|---|-------------------|
| Employee's Name (First, Middle, Last):              |                   |
| Physical Address, City, State, Zip Code, and County |                   |
| Cell Phone Number:                                  | Alternate Number: |
| Date of Birth:                                      | Blood Type:       |
| Any Known Allergies to Medication:                  |                   |
| Preferred Hospital for Emergency Admission:         |                   |
| Primary Care Physician Name:                        | Phone Number:     |

### #1. Primary Contact

|   |                   |
|---|-------------------|
| In the event of an emergency please contact:        |                   |
| Name (First, Last):                                 |                   |
| Relationship to Employee                            |                   |
| Physical Address, City, State, Zip Code, and County |                   |
| Cell Phone Number:                                  | Alternate Number: |

### #2. Secondary Contact

|   |                   |
|---|-------------------|
| In the event of an emergency please contact:        |                   |
| Name (First, Last):                                 |                   |
| Relationship to Employee                            |                   |
| Physical Address, City, State, Zip Code, and County |                   |
| Cell Phone Number:                                  | Alternate Number: |

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|                     |       |



## Informed Consent or Refusal for Hepatitis B Vaccine

On \_\_\_\_\_ I participated in the Hepatitis B Vaccine in-service . I was instructed about  
(Date)  
the disease and the vaccine and I had the opportunity to ask questions.

☐ I am electing to **NOT** get vaccinated.

☐ I am electing to get vaccinated. I will provide my vaccination record that will included the following information:

### HBs Ab Screening

☐ Positive ☐ Negative Date of Screening: \_\_\_\_\_

| Record of Vaccination | Date | Lot # |
|-----------------------|------|-------|
| Shot I                |      |       |
| Shot II               |      |       |
| Shot III              |      |       |

| Employee Signature: | Date: |
|---------------------|-------|
|                     |       |