



Connections365 Foster Parent Application  
Fax (503)779-1992

**Applicant 1**

**Applicant 2**

Applicant's Name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Race: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Date and Place of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_  
 Are you: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_  
 Separated \_\_\_\_\_ Widow (er) \_\_\_\_\_  
 Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Race: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Date and Place of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_  
 Are you: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_  
 Separated \_\_\_\_\_ Widow (er) \_\_\_\_\_  
 Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 County: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Length of Time at Current Address: \_\_\_\_\_  
 Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**PERSONS IN HOUSEHOLD (INCLUDE RELATIVES, BOARDERS, ETC.)**

Name	Date of Birth	Religion	Relationship	Occupation/School

**PLEASE LIST ANY CHILDREN NOT LIVING AT HOME**

Name	Date of Birth	Religion	Relationship	Occupation/School



**Please list any and all relevant Education, Employment, Experience, Skills, Licenses, Certifications that may further qualify you as a Therapeutic Foster Parent:**

Applicant 1:

Applicant 2:

**Certification and Signature**

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or termination from CONNECTIONS365 if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- I certify that all statements contained herein are true and complete whether made by me or others at my request.
- I understand that if hired, I must proof of my identity and my legal authorization to work in the United States.
- I authorize CONNECTIONS365 to check employment references, personal references and verify education information provided on this employment application and as disclosed in the interview process.
- I understand, if selected, an offer of employment will be contingent upon the results of the Criminal History Request which is processed through the Oregon Department of Human Services and further requests if applicable. I understand that criminal history does not necessarily disqualify an applicant from employment and that DHS evaluates criminal history on a case by case basis. An offer of employment may also be contingent upon a clear Motor Vehicle Report if required for a specific position
- I understand I may be required to submit a pre-employment drug test.

I release CONNECTIONS365 and all providers of information from any liability as a result of furnishing and receiving any information related to CONNECTIONS365's hiring process.

Signature	Date
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Signature	Date
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