

**Guardianship Services, Inc.**  
**P. O. Box 11481**  
**Fort Worth, TX 76110**  
**817-921-0499 FAX 817-921-0680**

**CONFIDENTIAL APPLICATION FORM**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Cell** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Texas Driver's License Number** \_\_\_\_\_

**Highest Level of Education Achieved** \_\_\_\_\_

**Employment History:** Beginning with the most recent position, state your job title, the name and phone number of your immediate supervisor, length of employment, and reason for leaving:

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**Volunteer Experience:** Beginning with the most recent position, state your job title, the name and phone number of your immediate supervisor, and length of commitment:

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**O**ther than English, are you fluent in any language (including Sign Language)?  
Please indicate your degree of fluency.

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**H**ave you ever been bonded?  Yes  No

If yes, in what capacity were you working? \_\_\_\_\_

Was a claim ever made on the bond? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been refused a bond?  Yes  No

If yes, reason for refusal: \_\_\_\_\_

**H**ave you ever been arrested, charged, or convicted of a crime, either  
misdemeanor or felony?  Yes  No

If yes, please give place, charges, a brief explanation of what occurred, and the  
outcome.

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**H**ave you ever been sued or a party a civil lawsuit, other than a divorce?   
Yes  No

If yes, please state the capacity in which you were involved, the nature of the  
lawsuit, and the outcome.

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**H**ave you ever filed for bankruptcy?  Yes  No

When: \_\_\_\_\_

**H**ave you ever been charged with fraud in a legal proceeding?  Yes  No

If yes, please state the capacity in which you were involved, the nature of the lawsuit, and the outcome.

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**H**ave you ever received treatment for mental disorders, emotional disturbances, or nervous disorders?  Yes  No

If yes, briefly describe circumstances and outcome. \_\_\_\_\_

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**H**ave you ever been addicted to or received treatment for the use of narcotics, drugs, or alcohol?  Yes  No

If yes, please give brief explanation. \_\_\_\_\_

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Have you been fired or asked to resign from any place of employment?

Yes  No

If yes, please give brief explanation. \_\_\_\_\_

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**Please list three references, using no more than one family member. Please print each individual's complete name and address.**

Name (Mr., Ms., Mrs.) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name (Mr., Ms., Mrs.) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name (Mr., Ms., Mrs.) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**I affirm that answers to the above questions are true and correct and to the best of my knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note: please bring your driver's license and verification of automobile liability insurance coverage to training.**