



Job Application

Please Print All Information- Do not leave blanks

Name: _____
 First Middle Last

Social Security Number _____

Address: _____ City _____ Zip _____

Telephone _____ Cell _____

Spouse Name _____ Cell _____

Email address _____

Desired Position _____

Education: High School _____ Year Graduated _____

College _____ Years completed _____ Degree _____

Have you ever been convicted of a crime? _____ Explain _____

Have you had a TB test in the last year _____ (required yearly for employment)

Have you had CPR and First Aid Training in the last two years? _____

If yes, expiration date _____ (required to teach preschool)

Have you been Finger-printed with Criminal History check for childcare in the

State of Texas in the last two years? _____ Date when last checked _____

Filed by which school/preschool/daycare _____

Do you have a current Health Card? _____ (required)

Expiration Date _____

Training Hours taken in the past year that are childcare associated:

| Class | Credit Hours | Date Taken |
|-------|--------------|------------|
| | | |
| | | |
| | | |

Attach Documentation for All Training – Copies of Diploma’s, GED, and Transcripts
 Employee is responsible for obtaining TB/First Aid/CPR/Health Card and Fingerprinting.
 for initial employment. Employer will maintain costs after hire date.

Employment History

Name _____

| | |
|---|---------------------------------|
| Position Title | Immediate Supervisor |
| Employer Address: | Name: Title: Phone: |
| Starting Date Month Day Year | Leaving Date Month Day Year |
| Full Time Part Time (circle) | Average Hours of Work Each Week |
| Summary of Responsibilities and experience: | |
| May we contact this employer _____ Reason for Leaving: | |
| Position Title | Immediate Supervisor |
| Employer Address: | Name: Title: Phone: |
| Starting Date Month Day Year | Leaving Date Month Day Year |
| Full Time Part Time (circle) | Average Hours of Work Each Week |
| Summary of Responsibilities and experience: | |
| May we contact this employer _____ Reason for Leaving: | |
| Position Title | Immediate Supervisor |
| Employer Address: | Name: Title: Phone: |
| Starting Date Month Day Year | Leaving Date Month Day Year |
| Full Time Part Time (circle) | Average Hours of Work Each Week |
| Summary of Responsibilities and experience: | |
| May we contact this employer _____ Reason for Leaving: | |

Special Training/Skills

List all job related training/organizations or skills you possess in office equipment, graphics, computers, software or anything related to the position for which you are applying:

Personal References

Date Checked (office use only)

| | | | | |
|------------|--|---------|--------------|------------------|
| 1. Name: | | Company | Relationship | Years Acquainted |
| Address: | | | | |
| Phone: | | | | |
| City/State | | Title: | | |
| 2. Name: | | Company | Relationship | Years Acquainted |
| Address: | | | | |
| Phone: | | | | |
| City/State | | | | |
| 3. Name: | | Company | Relationship | Years Acquainted |
| Address: | | | | |
| Phone: | | | | |
| City/State | | Title: | | |
| 4. Name: | | Company | Relationship | Years Acquainted |
| Address: | | | | |
| Phone: | | | | |
| City/State | | Title: | | |

I certify that all information on this application is correct, I have not given any false statements concerning my qualification requirements.

Signature _____ Date _____