

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of Interview (Month/Day/Year): / /
Applicant Data	Position Applied for:
How were you referred to us:	

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____ E-mail: _____

Date Available to Start: _____ Social Security Number: - - Salary Requirements: _____

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position): _____ State: _____

Education History

Name & Location of High School: _____ Did you graduate? _____

Name & Location of College: _____ Years attended: _____

Degrees completed: _____ Other Subjects Studied: _____

Trade, Business or Correspondence School: _____ Years attended: _____

Subjects Studied: _____ Did you graduate: _____

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: _____ Date: _____

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

"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."

Operation Name OLIVE' LIL' ANGEL LEARNING CENTER		Operation Number	Telephone No. (A/C) 972-291-1441
Operation Address (Street, City, ZIP) 1021 N. JOE WILSON ROAD CEDAR HILL, TX 75104	Operation Mailing Address (City & Zip)		County DALLAS

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child care facility or family home to provide identifying information on the director, owner and/or operator, each employee and each person 14 years of age or older who will regularly or frequently be staying or working at the facility or home while the children are in care (other than a child in care at the facility or home). This information will be used to check for any criminal history that is a violation of minimum standards and the Department's central registry of abuse and neglect. It may be necessary for you to obtain additional information if the person does not live in Texas or may have a criminal history in another state. The criminal history and central registry checks are not intended to delay hiring new staff. You will be notified of the results of the check.

I verified (by looking at the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

Signature of Director, Owner, or Operator

Date

Complete the following for each person requiring a Criminal History/Central Registry Check; verify that the information is accurate by checking the person's social security card and/or driver license; and return all required background check request forms to your local licensing office. All names used currently or in the past by the person must be entered. Without these names you may get cleared results when there is actually a match. **If a new person is being hired you must submit the request TO YOUR LOCAL LICENSING OFFICE WITHIN TWO DAYS after the person is hired or is present in the operation. Requests for background checks may be submitted by mail or through the TDFPS Internet at the following address: http://www.dfps.state.tx.us/Child_Care/Information_for_Child_Care_Professionals. If you are submitting your request through the Internet please DO NOT submit this form to your licensing office. If you are not submitting your request through the Internet the background check request form must be submitted to YOUR LOCAL LICENSING OFFICE.** Additional copies of this forms may be obtained on the DFPS web site. For each person listed on this form or submitted through the Internet, a \$2 fee must be paid. A Form 2988-A, Child Care Fee Schedule, along with the fee(s), must be submitted to: **TDFPS, Accounting Division E-672, P.O. Box 149030, Austin, TX. 78714-9030.**

Failure to submit fee payments can result in adverse action including suspension or revocation.

<input type="checkbox"/> Initial <input type="checkbox"/> 24 Month Check		<input type="checkbox"/> FBI Check Required	
Social Security Number		ID Type - Drivers License or ID Number -State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous address(es) outside of Texas, including the county:		Relationship of person to requestor	
		<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director	
		<input type="checkbox"/> Staff <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member	
		<input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer	
		<input type="checkbox"/> Other	
Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	
Other names used (married, maiden, etc.) First Name		Middle Name	
		Last Name	
DFPS Use	Worker Name--Last, first	Mail Code	District
		Operation No.	Operation Type

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**AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A
LICENSED OPERATION OR REGISTERED CHILD-CARE HOME**

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF _____

COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(seal, if any, of notarial officer)

My commission expires: _____

Name of Applicant _____

Date _____

Contact Number _____

1. Describe your experience in the child care field. _____

2. Previous positions in child care. _____

3. Reason for leaving? _____

4. What position(s) are you interested in? Why? _____

6. What do you enjoy most about children? Why? _____

7. What do you find the most challenging when working with children? Explain. _____

8. Working with children in an isolated environment can sometimes be stressful. How do you handle/balance the stress? _____

9. Sometimes emergencies arise. How would you handle an emergency (injury, fire, etc.)? _____

10. Rate your communication skills on a scale of 1 to 10 with 10 representing excellent communication skills. _____ Why? _____

11. Describe three things about communication within an organization that should be present for you to work most effectively? _____

12. Information you believe is untrue or confidential has reached you via the grapevine. What actions have you taken in the past for this type of situation? _____

13. When we call your previous employer or references, what are they most likely to tell us about your dependability and attendance? _____

14. Tell me about a time when you disagreed with the actions or decisions of your manager/supervisor. How did you approach the situation? Was the situation resolved to your satisfaction or did nothing change? _____

15. Are you flexible? Explain? _____

16. Why do you think you are the best candidate for this job? _____