

Employment Inquiry Form

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Personal Information:

Last Name	Firs	First Name		Middle			
Street		City		Zip			
Home Telephone	e Telephone Cell Phone						
Are you at least 18 years of age? Yes No Email:							
Please circle all that	applies:						
GED/HS Diploma CDA CDL Director's Credential Early Childhood Teaching Degree							
1st Aid/CPR Complete Background Check Assoc. Degree BA Degree							
Specify position desired: Salary/Wage Expected							
Employment Desired:	me Temporary/S	ummer Age gr	oup you would pr	efer			
Employment History: Start with your present job							
Employer Name 1 2 3		· · · · · · · · · · · · · · · · · · ·		2 			
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What is the most important quality you have to offer children and describe some ways that you will utilize that quality in your classroom?

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Felony Statement: Check the boxes you have NOT been convicted of

A felony or misdemeanor classified as an offense against the person or family

A felony or misdemeanor classified as public indecency, or

A felony violation of any law intended to control the possession or distribution of any substance Included as a controlled substance in the *Texas Controlled Substance Act*

I have never been convicted or placed on deferred adjudication for any felony or misdemeanor and there are no pending criminal charges against me. Deferred adjudication is a common term in criminal law. It is generally understood to be a process whereby the judge defers rendering a conviction pending an opportunity for the defendant to demonstrate rehabilitation. If after a set period of time the defendant demonstrates rehabilitation, the record is clear.

Signature of Applicant

Date

All About Me

- 1. Who is your hero?
- 2. What is your biggest fear?
- 3. What would you change about yourself if you could?
- 4. What really makes you angry?
- 5. What motivates you to work hard?
- 6. What is your favorite thing about your career?

7. What is your biggest complaint about your job?

8. What is your proudest accomplishment?

9. What makes you laugh the most?

10. What was the last movie you watched? What did you think?

11. What did you want to be when you were small?

12. If you could choose to do anything for a day, what would it be?

13. What is your favorite game or sport to watch and play?

14. What would you sing at Karaoke night?

15. If you could only eat one meal for the rest of your life, what would it be?

16. Have you ever had a nickname? What is it?

17. Do you like or dislike surprises? Why or why not?

18. Who would you want to be stranded with on a deserted island?

19. If money was no object, what would you do all day?

20. List two pet peeves.

21. Where do you see yourself in five years?

22. If you could go back in time to change one thing, what would it be?

23. What's the most daring thing you've ever done?

24. Who would you want to play you in a movie of your life?

25. If you had a warning label, what would yours say?