



Texas Application for Employment

We are an equal opportunity employer.

APPLICANT'S STATEMENT

I understand that the Center is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex or gender, pregnancy or pregnancy-related conditions, religion, handicap or disability, citizenship or service member status or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the Center or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Center. I also authorize the Center to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I certify that I do not use illegal drugs. I understand that the Center reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Center or its designee. I release the Center and its designee from any and all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test.

I understand that specific laws, regulations and rules apply to the Center's operation and I agree to comply with all such applicable laws, regulations and rules. I also agree to comply with all applicable laws, regulations and rules that may apply to my own initial certification and continued certification to work for the Center.

I understand that this employment application and any other Center documents are not promises of employment. **Should I be employed, I understand that my employment will be on an at-will basis. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice and that the center has a similar right.** I understand that no manager, representative, or agent of the Center 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, except that the owner may do so in writing.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Center's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I certify that I have received a separate written notification that the Center may obtain a consumer report on me for use in connection with my application and, if I am hired, my employment with the Center. I authorize the Center to obtain this report.

This application will be considered "active" for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply. **Do not sign until you have read and understand these statements.**

Applicant's Signature

Date

Personal Data

Each inquiry on this application must be **fully answered or completed**. Otherwise, you will not be considered for employment.

Last Name

First Name

Middle Name

Present Address

How long have you lived there?

Years

Months

Past Address

How long did you live there?

Years

Months

Phone Number(s)

Social Security Number

Are you 18 or older?

Y

N

Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time and seasonal employment. If self-employed, give firm name and supply business references. **Do not answer "see resume."** Fill out this form completely.

Employer 1 **Phone Number** **Dates Employed**
 From: To:

Address **City** **State**

Job Title **Supervisor Name & Title** **Hourly Rate/Salary**
 Starting: Final:

Work Performed

Employer 2 **Phone Number** **Dates Employed**
 From: To:

Address **City** **State**

Job Title **Supervisor Name & Title** **Hourly Rate/Salary**
 Starting: Final:

Work Performed

Employer 3 **Phone Number** **Dates Employed**
 From: To:

Address **City** **State**

Job Title **Supervisor Name & Title** **Hourly Rate/Salary**
 Starting: Final:

Work Performed

Employer 4

Phone Number

Dates Employed

From: To:

Address

City

State

Job Title

Supervisor Name & Title

Hourly Rate/Salary

Starting: Final:

Work Performed

Employer 5

Phone Number

Dates Employed

From: To:

Address

City

State

Job Title

Supervisor Name & Title

Hourly Rate/Salary

Starting: Final:

Work Performed

Employer 6

Phone Number

Dates Employed

From: To:

Address

City

State

Job Title

Supervisor Name & Title

Hourly Rate/Salary

Starting: Final:

Work Performed

Background Information

Position Desired ("any" is not an acceptable response)

Director Assistant Director Lead Teacher Teacher Substitute Cook Bus Driver
 Other _____

Employment Desired

Full-Time Part-Time Temporary

What age group do you prefer?

When are you available for work?

Salary/Wage Expected

\$ _____ per

Do you have any commitments to any other employer which may affect your employment? Y N

If yes, explain:

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment. You may use an extra sheet of paper, if necessary.

If hired, can you provide proof that you are legally entitled to work in the U.S.? Y N

If not, what steps must be taken for you to begin employment lawfully?

Have you ever been terminated or asked to resign from any job? Y N

If yes, please explain circumstances:

May we contact your current employer? If no, please explain: Y N

Do you have any friends or relatives working at this Center? Y N

If yes, please list name(s) and relationship:

Have you ever worked for this Center? Y N **Have you worked for any Kid 'R' Kids?** Y N

Have you ever applied to work for this Center or any other Kids 'R' Kids Center?

Y N

If yes to either of the above inquiries, please give dates and position:

Have you ever used another name? Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

Y N

Do you have adequate transportation to get to & from work on a reliable, consistent basis?

Y N

How were you referred to us?

- Friend Relative Advertisement Internet State employment agency
 Private employment agency Other _____

Do you have any children who will attend this Center? If yes, list age and grade of each child:

Y N

Education

| Education | Years Completed (please circle) | School Name & Location | Course of Study/Major | Experience, Skills, & Extracurriculars |
|-------------------------|----------------------------------------|------------------------|-----------------------|----------------------------------------|
| High School | 9 10 11 12 | | | |
| College/University | 1 2 3 4 | | | |
| Graduate/Professional | 1 2 3 4 | | | |
| Trade or Correspondence | | | | |

Is your CPR certificate current?

Y N

Are you current in First Aid Training?

Y N

Do you hold any certificates for childcare training? If so, please list them and attach copies, if available:

Y N

List any other professional designations, certifications, licenses, or courses that may be applicable to the position for which you are applying:

Criminal Background

Have you ever plead no contest, nolo, or guilty to a crime, or been convicted of a crime (other than minor traffic offenses)? Y N

Have you been arrested for any matters for which you are currently out on bail or on your own recognizance pending trial? Y N

Are any charges currently pending against you? Y N

Has any adjudication ever been withheld? Y N

NOTE: Answering "yes" to the preceding questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions). If you answered yes to any of the preceding questions, please give dates and details (feel free to use another sheet of paper):

Other Information

What is your philosophy in educating preschool children?

What is your experience with children? Indicate ages of children, duties, dates worked, reason for leaving.
(Include volunteer experience with children, if applicable)

Please describe any other experience or skills that you have that you believe would be relevant to the job for which you are applying.

Additional Requirements for Applicants

For Texas Centers

In addition to having special applicant “certification” requirements, applicable state law or regulations also require that:

Section 745.651 provides that the following types of criminal convictions may preclude a person from being present in a childcare facility:

- (a) A misdemeanor or felony under Title 5 (Offenses Against the Person), Title 6 (Offenses Against the Family), Chapter 29 (Robbery) of Title 7, Chapter 43 (Public Indecency) or §42.072 (Stalking) of Title 9, §15.031 (Criminal Solicitation of a Minor) of Title 4, 838.17 (Failure to Stop or Report Aggravated Sexual Assault of Child) of Title 8 of the Texas Penal Code (TPC), or any like offense under the law of another state or federal law;
- (b) A misdemeanor or felony under the Texas Controlled Substances Act, §46.13 (Making a Firearm Accessible to a Child) or Chapter 49 (Intoxication and Alcoholic Beverage Offenses) of Title 10 of the Texas Penal Code, or any like offense under the law of another state or federal law that the person committed within the past ten years;
- (c) Any other felony under the Texas Penal Code or any like offense under the law of another state or federal law that the person committed within the past ten years; and
- (d) Deferred adjudications covering an offense listed in subsections (a)-(c) of this section, if the person has not completed the probation successfully.

Special Applicant's Certification

For Texas Centers

In addition to those statements contained on the Applicant's Statement portion of our Application for Employment, applicants are required by state laws and regulations to certify to certain facts before being considered for employment in a childcare facility. Therefore, pursuant to the Texas Department of Family and Protective Services, Chapter 42 of the Texas Human Resource Code and Chapters 745-747 of the Texas Family Code, I certify to the following:

I am in good physical and emotional health with no physical or mental conditions which would interfere with childcare responsibilities.

I do not have a criminal record other than a minor traffic violation.

I have never abused, neglected, or deprived a child, adult, or subjected any person to a serious injury as a result of intentional or grossly negligent misconduct.

I consent to a criminal background check and screening for child abuse and neglect.

I am not listed on any sex offender registry as a sex offender.

I will comply with all state requirements for initial certification and continuing certification.

I will comply with the Center's standards of regular attendance.

Applicant's Signature

Applicant's Name (printed)

Date

Driver Information

Insert for all drivers only

Complete only if driving is an essential function of the job for which you are applying.

NOTE: Drivers who are applying for a job that requires a CDL as an essential requirement are required to complete a more detailed "Supplemental Drivers Information Form."

Do you have a current valid driver's license? If yes, please fill in the information below. Y N

License Number

State

Expiration Date

If you do not have a driver's license for the state in which you currently reside, why not?

Has your license ever been suspended or revoked? If yes, explain: Y N

Do you have personal automobile insurance? If no, explain: Y N

Have you ever been denied personal automobile insurance, or has it ever been terminated or suspended? If yes, explain: Y N

Have you ever been convicted, pled guilty, or pled nolo to a charge of DWI or DUI? Y N

Are any such charges currently pending against you? If yes to either question, explain:

Please list all moving traffic violations in the last five (5) years:

| Offense | Date | Location | Comments |
|---------|------|----------|----------|
| | | | |
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| | | | |



CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

Purpose: Use this form to submit a background check for individuals required by Texas Administrative Code (TAC) §745.615.

Directions: Complete the following information for each person required to have a background check. Additional forms may be downloaded from the DFPS website at http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp.

After completing the form mail to: DFPS, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030. Or fax the form to 512-339-5871.

OPERATION INFORMATION

| | | |
|--------------------|----------------------------|-----------------------------------|
| Operation Name: | Operation Number: | Operation Telephone Number (A/C): |
| Operation Address: | Operation Mailing Address: | County: |

VERIFICATION SIGNATURES

I verified (**by reviewing 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.

| | | |
|-----------------------------------------------|----------------------------------------------------|--------------|
| Printed Name of Director, Owner, or Operator: | Signature of Director, Owner, or Operator X | Date Signed: |
|-----------------------------------------------|----------------------------------------------------|--------------|

INDIVIDUAL'S IDENTIFYING INFORMATION

All names used currently or in the past must be provided. If you do not provide every name that the person has used, you may receive inaccurate results.

| | | | |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Initial | <input type="checkbox"/> 24 Month Check | <input type="checkbox"/> Fingerprint Check Required | <input type="checkbox"/> FBI Results in DPS Clearinghouse |
| Social Security Number: | ID Type: <input type="checkbox"/> Driver's License: <input type="checkbox"/> State ID: <input type="checkbox"/> None | | |
| First Name: | Middle Name: | Last Name: | |
| Street Address: | City: | State: | Zip Code: |

INDIVIDUAL'S IDENTIFYING INFORMATION

| | | | |
|---------|-------------------------|----------------|-----------------------------------------------------------------------------|
| County: | Telephone Number (A/C): | Date of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
|---------|-------------------------|----------------|-----------------------------------------------------------------------------|

You must list any other city in Texas where the person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:

Preferred method of contact for scheduling fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the person. This information will be required when the person schedules a fingerprint appointment.

Email:
 Telephone Number (Area Code):

Relationship of person to requestor:

Adoptive Parents Caregiver Director Foster Parent Household Member Licensed Administrator
 Other Staff Staff Volunteer Other:

For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s)

Relative Fictive Kin Unrelated

| | | | |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Hired /Used by the Operation/Agency: | <i>Ethnicity</i> (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Other | Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine | <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|---------------------------------------------------------|--------------|------------|
| Other names used (married, maiden, etc.) First Name: | Middle Name: | Last Name: |
|---------------------------------------------------------|--------------|------------|

DFPS USE ONLY

| | |
|----------------------------|------------|
| Worker Name (Last, First): | Mail code: |
|----------------------------|------------|

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our privacy policy online at:
www.dfps.state.tx.us/policies/privacy.asp.