



2020 S. Fry Rd #H - Katy, TX 77450 - Ph - 281 578-6787
 2944 S. Mason Rd. # L - Katy, TX 77450 - Ph - 281 395-1095

Date _____

Date of Employment _____

APPLICATION FOR EMPLOYMENT

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

EMERGENCY CONTACT: _____ PHONE #: _____

Position applying for _____ Age group _____

Part / Full time _____ Hours available _____

1. Have you been discharged or forced to resign from a position? _____ If yes,

Explain: _____

2. Do you have any physical defects, disease, or disability? _____ If yes,

Explain: _____

3. Have you ever been treated or hospitalized for a mental disorder? _____ If yes,

Explain: _____

EDUCATION

_____ I have high school diploma or its equivalent. Name/Location _____

_____ I am a student enrolled in a child care related career program approved by a state or federal agency.

_____ I am trained in First Aid. Date Completed _____

_____ I am trained in CPR Date Completed _____

_____ CDA or CCP Date Completed _____ Working toward my _____

Date expected to complete _____ College or University _____

Major _____ Date of Graduation _____ Degree / Certification _____

REFERENCES

Please list three unrelated persons for reference that we may contact

1. _____
 Name of previous CO-worker Address Phone #

2. _____
 Name of church friend Address Phone #

3. _____
 Name of your choice of reference Address Phone #

Explain why you want to work at Little Thinkers and why you feel you would be an asset to our school.



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Answer questions for each period of employment. Include previous employment with child care and volunteer work with children. Failure to complete this section may result in rejection of your application. Begin with your present or most recent employer if unemployed.

From	To	Employer Name, Address,	Salary	Position	Reason for Leaving

OTHER INFORMATION

1. Have you ever had a child that you were legally responsible for (natural child or adopted) removed from your home by the Texas Department of Human Resources or a child welfare agency in another state, after a protective services investigation of possible abuse and/or neglect of the child? _____ If yes, what was the child's name _____ Where and when did occur? _____
2. Have you been convicted within the past ten years of a felony classified as an offense against the person or the family, or of public indecency, or a violation of the Texas Controlled Substances Act? _____ If yes, give details, including date, place and nature of conviction and disposition. _____
3. Are you currently charged with (indictment or official criminal complaint accepted by county or district attorney) a felony or misdemeanor? _____ If yes, give details, including the type of charges. _____

COMMENTS _____

I certify that this information contains no willful misrepresentation or falsification and that is true and complete to the best of my knowledge and belief. I hereby authorize Vanguard Academy to contact the persons listed on this form. I understand that the Academy may contact others and at any time, seek verification of any and all information on this form. I understand that any will full misrepresentation is cause for immediate dismissal and termination of my employment.

 Signature of Applicant

 Date