



APPLICATION FORM FOR STAFF

(including caregivers, employees, teachers, substitutes, volunteers, cooks, bus drivers)

Date of Application _____
 Position _____
Date Hired _____

Name:	_____			
	Last	First	Middle	Maiden (if applicable)
Address:	Street: _____			
	City: _____			
	State: _____		Zip Code _____	
Telephone Number: ()			Date of Birth:	
Driver's License Number:			Expiration Date of Driver's license:	

EDUCATION:

EDUCATION	School/Institution	Dates Attended	Diploma/Degree/Certificate
Elementary			
High School			
College			
Graduate			
Other			

CHILD CARE TRAINING:

List all courses, workshops, and conferences related to child development and early childhood education. Attach additional pages if necessary. Attach copies of certificates received.

Title of course/ Workshop/conference	Sponsor	Location	Date(s)	Number of hours

EMPLOYMENT HISTORY:

List in order beginning with your most recent employment. Attach additional pages if necessary.

Employer	Employer's Address	Position/Job	Date(s) Worked	Reason for leaving

REFERENCES:

List at least three persons who are not related to you by blood, marriage, or adoption to be contacted as references. **At least one must be a former employer.** Phone Numbers must be complete and accurate.

Name of Former Employer: _____

Last
First
Middle

(_____) _____

Area Code Telephone Number

Name: _____

() _____
Last
Area Code Telephone Number

First

Middle

Name: _____
Last First Middle
() _____

Criminal History Background Information Checks:

In accordance with Texas law, the criminal history background information check shall be completed on each substitute, caregiver, volunteer, as well as any other person who has contact with the children or unsupervised access to the children shall be reviewed.

You must complete a Mandatory Criminal History Information Consent and Release Form. The fee must be submitted with the fingerprints and the consent form. Required forms are available from the School. If you previously had a Fingerprint check done in the last two years for the Department of Family and Protective Services and the required information is on file, it is not necessary to complete a Fingerprint check.

Current Criminal Charges:

Are there any current criminal charges against you? _____
If yes, give details.

Clearance of State Central Registry on Child Abuse/Neglect:

A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT shall be obtained for each caregiver, substitute, volunteer, and any other person who has contact with the children or unsupervised access to the children.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for information regarding my background.

Signature

Date

****Please Attach a copy of current Drivers License or state issued ID, a copy of your Social Security Card, and a copy of your High School Diploma.**