

Jack + Jill Preschool Professional Child Care Application for Employment

Name: _____
Last First Middle Social Security Number

Address: _____

City: _____ State _____ Zip _____

Telephone: (____) _____ home / cell Email: _____

DOB: _____ Driver's License # _____ State Issued License _____

Position Applying For: _____

Referral Source: ____ Friend ____ Relative ____ Walk-In ____ Employment Agency ____ Other: _____

If employed and you are under 18 years old:

Can you furnish a high school diploma? ____ Yes ____ No

Are you enrolled in a childcare related career program? ____ Yes ____ No

If yes, name of program: _____

Are you currently employed? ____ Yes ____ No

Have you filed an application here before? ____ Yes ____ No

Are you a U.S. citizen? ____ Yes ____ No If no, do you have a valid work visa? ____ Yes ____ No

Are you available to work: ____ Fulltime ____ Part time ____ Flexible hours ____ Temporary

On what date would you be available to begin working? _____

If a student, what days and hours would you be available to work?

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Have you been convicted of a felony or misdemeanor (other than a traffic violation)? ____ Yes ____ No

If yes, please explain: _____

Do you know sign language? ____ Fluently ____ Fair ____ Not at all

Indicate languages you speak, read, and/or write and check how well you do each:

Speak _____ ____ fluently ____ good ____ fair

Read _____ ____ fluently ____ good ____ fair

Write _____ ____ fluently ____ good ____ fair

Are you CPR/First Aid certified? ____ Yes ____ No If yes, when does it expire: _____

Have you had Pre-Service Training? ____ Yes ____ No

Can you provide a certificate? ____ Yes ____ No

Education:

School Names	Highest Year Completed (circle)
Middle School: _____	6 7 8
High School: _____	9 10 11 12
College: _____	1 2 3 4+ Major _____
Graduate: _____	1 2 3 4+ Major _____

Personal References:

Person's Name	Telephone #	Relationship	Years

Employment Experience:

Start with your current or most recent job. Include Volunteer activities-

Employer: _____	Dates employed: from _____ to _____
Telephone: (____) _____	
Address: _____	Duties: _____
Supervisor: _____	_____
Starting Salary: _____	_____
Ending Salary: _____	_____
Reason for Leaving: _____	

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Telephone: (____) _____	
Address: _____	Duties: _____
Supervisor: _____	_____
Starting Salary: _____	_____
Ending Salary: _____	_____
Reason for Leaving: _____	

Applicants' Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Jack & Jill Preschool.

Signature of Applicant: _____ Date: _____

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK**CCL**

"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		Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)	Operation Mailing Address (City & Zip)		County

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

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

Date

<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 - 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 any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:			
Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> 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) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated			
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 <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander	
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	