



DESOTO
CHILDREN'S
ACADEMY

901 N. Polk St. #340
DeSoto, TX 75115
972-228-2847

Date: _____

Name: _____

Social Security: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Wireless: _____

How did you hear about us? _____

Have you ever worked in the Child Care Industry? _____ YES _____ NO

Do you know why you might not be able to obtain employment in the Child Care Industry?
_____ YES _____ NO

Have you ever worked in a facility or with a company that had a license revoked or suspended in any state? Has a company you've worked for been subject to disciplinary action or incurred a fine during your employment in that facility or company?

_____ YES _____ NO

Position Desired: _____

Type of position desired: _____ Full-Time _____ Part-Time _____ Temporary

If you wish to be employed part-time, please indicate your availability (days/hours): _____

What is your minimum salary requirement? _____

Earliest date available to work: _____

Do you have any commitments or concerns that might affect your employment? _____

If you have commitments or concerns about your employment, please explain: _____

Have you ever been arrested or charged with a crime involving a child, been asked to resign, or been certified for a sexual offense? _____ YES _____ NO

Have you ever been convicted of a criminal? _____ YES _____ NO

If yes, date: _____ Place: _____

What is the nature of the offense? _____

An affirmative answer will automatically disqualify you from consideration for employment.

Have you ever applied for employment with this center before? _____ YES _____ NO

If yes, when? _____

Are you legally authorized to work in the United States? _____ YES _____ NO

Are you under the age of 18? _____ YES _____ NO

Do you have any reason you cannot perform the essential functions of the job you are applying for? _____ YES _____ NO

If yes, explain: _____

EDUCATIONAL INFORMATION:

High School: _____ Graduation/GED date: _____

College: _____ # of years completed: _____

Degree course of study: _____

Graduate School: _____ # of years completed: _____

Degree course of study: _____

Childcare Credits: _____ CDA? _____ YES _____ NO

MILITARY BACKGROUND:

Were you in the US Armed Forces? _____ YES _____ NO If yes, what branch: _____

Dates of duty: from _____ to _____ Rank at separation: _____

EMPLOYMENT HISTORY: (list present employer first and use additional paper if needed)

May we contact the employer for a reference? ____ YES ____ NO From: _____ To: _____

Employer: _____ Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Job title: _____ Contact number: _____

Starting pay: _____ Ending pay: _____ Reason for leaving: _____

Duties: _____

May we contact the employer for a reference? ____ YES ____ NO From: _____ To: _____

Employer: _____ Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Job title: _____ Contact number: _____

Starting pay: _____ Ending pay: _____ Reason for leaving: _____

Duties: _____

May we contact the employer for a reference? ____ YES ____ NO From: _____ To: _____

Employer: _____ Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Job title: _____ Contact number: _____

Starting pay: _____ Ending pay: _____ Reason for leaving: _____

Duties: _____

Please read the following statements carefully.

I now affirm that the information provided on this application (and accompanying resume, if any) is accurate and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered later.

I understand that the first 90 days of my employment will be considered a probationary period and that my employment can be terminated with or without cause at any time at the discretion of either the company or myself. I understand that no management official other than the company's president has any authority to enter into any agreement contrary to the preceding or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume) to provide any relevant information that may be required to decide my employment.

I understand that I may be required to take a lie detector test at the company's expense. Should I refuse to take the test, the company may terminate my employment at will.

Signature: _____ Date: _____

Person to notify in case of emergency: _____

Phone number: _____