

Application for Employment Checklist

The following items must be submitted with your application.

- Copy of Current Driver's License/I.D. Card
- Copy of Social Security Card

The following items must be submitted upon request either prior to or upon offer of employment.

- Copy of High School Diploma/GED
- Copy of College Transcripts
- Copy of Childcare Training Certificates
- Copy CPR/First Aid Certification

Application for Employment

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, sex, religion, disability or national origin.

Rejection of Application Statement – If any part of this application is incomplete, this application shall be rejected. Write “N/A” for any section that is “Non-Applicable”.

Employment Desired:

Date You Can Begin Work: _____ Age Group Preferred: _____
Type of Employment: (Circle One) Full Time Part Time Summer Temporary

Salary Desired: \$ _____ p/hour
Please list any hours you cannot work: _____

Personal Information:

Last Name: _____ First Name: _____
Address: (Number, Street Name, City, State, Zip Code)

Social Security Number: _____ - _____ - _____ Telephone: (____) _____ - _____
Date of Birth: _____ Referred By: _____
Email Address: _____

Childcare Needed for Child(ren)? Yes No If Yes, What Ages? _____

Education:

High School Attended/City: _____
Did You Graduate? Yes No Currently Attending Graduation Date: _____
If “Yes”, Circle One: High School Diploma* G.E.D*
***Must have one or the other in order to be employed at this center.**

College Attended/City: _____
Number of Years Completed: _____ Major: _____ Graduate? _____

Trade or Business School: _____
Length of Training: _____ Did You Graduate? Yes No
Specialization: _____
Other Special Training or Job Related Training: _____
Received at or by: _____

Employment History: (Do not leave any section incomplete.)

1. Name of Employer: _____
City, State: _____
Phone Number: (_____) _____ - _____
Type of Business: _____ Position: _____
Dates of Employment: _____ to _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Reason for Leaving: _____

2. Name of Employer: _____
City, State: _____
Phone Number: (_____) _____ - _____
Type of Business: _____ Position: _____
Dates of Employment: _____ to _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Reason for Leaving: _____

3. Name of Employer: _____
City, State: _____
Phone Number: (_____) _____ - _____
Type of Business: _____ Position: _____
Dates of Employment: _____ to _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Reason for Leaving: _____

4. Name of Employer: _____
City, State: _____
Phone Number: (_____) _____ - _____
Type of Business: _____ Position: _____
Dates of Employment: _____ to _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Reason for Leaving: _____

5. Name of Employer: _____
City, State: _____
Phone Number: (_____) _____ - _____
Type of Business: _____ Position: _____
Dates of Employment: _____ to _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Reason for Leaving: _____

Pre-Service Training Statement

If you have had previous training in a licensed child care facility or home and received Pre-Service Training, please complete the following:

Facility/Home Name: _____

Supervisor's Name: _____

City, State: _____

Phone: (____) _____ - _____

Date of Training: ____/____/____

Note: If you have documentation of this training, we will need a copy on file.

Lighthouse Learning Academy

3705 Columbia Memorial Pkwy

Kemah, Texas 77565

Phone: 281-535-5353

Authorized Release of Information Form

I give my permission to *Lighthouse Learning Academy* to check my work-related references by contacting my previous employers. I understand *Lighthouse Learning Academy* may ask questions regarding my work experiences, skills performed and work ethic. I will not hold any parties liable for any information released.

Applicant's Signature

Date

Applicant's Printed Name

Requesting Party's Statement

The above named mentioned employee has submitted an application for employment at *Lighthouse Learning Academy*. So that we may best serve the children we care for, we respectfully request that you complete the following information to the best of your knowledge. All information provided by your company will be kept strictly confidential.

Your Company Name: _____

Position Held By Employee: _____

Dates of Employment: _____ to _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Reason for Separation: _____

Was Courtesy Notice Given? Yes No

Is Employee Eligible for Re-hire? Yes No

Please fax this form back to 281. 535. 5354

Thank you for your cooperation as it helps better the quality of our facility.

Felony Statement:

I have never been convicted of any of the following offenses:

- A felony or misdemeanor classified as an offense against the person or family,
- A felony or misdemeanor classified as public indecency,
- A felony violation of any law intended to control the possession or distribution or any substance included as a controlled substance.

I have never been convicted or placed on deferred adjudication for any felony or misdemeanor and there are no pending criminal charges against me. Deferred adjudication is a common term in criminal law. It is generally understood to be a process whereby the judge defers rendering a conviction pending an opportunity for the defendant to demonstrate rehabilitation, the record is cleared.

Furthermore, I give permission to *Lighthouse Learning Academy* to check my criminal history record.

Applicant Signature

Date

Authorization for Release of Information

Education/Training Records

Name: _____ D.O.B: ____ / ____ / ____

Soc. Sec. #: _____ - _____ - _____

Graduation Date: _____

Statement:

I, _____, authorize appointed personnel of
(facility) _____, of
(State, Zip) _____, to forward
pertinent documents regarding my diploma and/or transcripts to my current employer, *Lighthouse Learning Academy, Kemah, Texas.*

I wish for said personnel to forward any and all documents as described above to *Lighthouse Learning Academy*, 3705 Columbia Memorial Pkwy, Kemah, Texas 77565 or fax to 281-535-5354.

Enclosed you can find copies of my identification.

Printed Name

Signature

Date

Fingerprint Background Check Requirements

Effective September 1, 2007, The 80th Texas Legislature passed a new law that will require a Federal Bureau of Investigation (FBI) fingerprint check for anyone that is currently required to have a background check in a child day care center.

The fee for the FBI Fingerprint Background Check is \$39.00.

Employees are responsible for this fee. Fees are non-reimbursable if employee is terminated, resigns prior to completion of the probationary period, or background check reveals a positive criminal history, which would prohibit employee from becoming or remaining employed in a licensed child care center.

Statement of Acknowledgment:

I understand that if I accept a position with *Lighthouse Learning Academy*, full time or part time, I am required to comply with the FBI Fingerprinting Background Check Law at my expense.

Applicant Signature

Date

Pre-Employment Questionnaire

1. Have you worked with or around children previously? If “Yes”, explain.
2. Please describe the skills you possess that prepares you for this job.
3. Why do you desire to work with children now?
4. Are you currently CPR/First Aid Certified? Yes No
If “Yes”, are your cards currently available for copy? Yes No
5. What are your goals for the future? Do they involve a career involving children?