## APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION		DATE OF APPLICATION:			
Name:					
	Last	First		Middle	
Address:					
	Street	(Apt)	City/Stat	e Zip	
Alternate Address:					
	Street		City/State	e Zip	
Contact Information:	(	()_			
	Home Telephone	Mobile T	elephone	Email	
low did you learn about	t our company?				
		for leaving:	nomen brioto	pinossa, kaaks performe	
POSITION SOUGHT:		Δ1	/ailable Star	t Date:	
				c materi	
Desired Pay Range:		Are you curre	ntly employe	d?	
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	Hourly or Salary				
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DUCATION				200	
EDUCATION		Gradua	te? – Degree?	Major / Subjects of Stud	
	Location	Gradua	te? – Degree?	Major / Subjects of Stud	
EDUCATION  High School	Location	Gradua	te? – Degree?	Major / Subjects of Stud	
High School	Location	Gradua	te? – Degree?	Major / Subjects of Stud	
High School	Location	Gradua	te? – Degree?	Major / Subjects of Stud	
High School College or University Specialized Training,	Location	Gradua	te? – Degree?	Major / Subjects of Stud	
High School College or University Specialized Training,	Location	Graduat	te? – Degree?	Major / Subjects of Stud	
High School College or University Specialized Training, Trade School, etc	Location	Gradua	te? – Degree?	Major / Subjects of Stud	
	Location	Gradua	te? – Degree?	Major / Subjects of Stu	
High School College or University Specialized Training, Trade School, etc	Location	Gradua	te? – Degree?	Major / Subjects of Stud	
High School College or University Specialized Training, Trade School, etc Other Education	Name and Location	ago vael sei	d and rescon	nechana pantana	
High School College or University Specialized Training, Trade School, etc Other Education	Location	ecial skills or oth	ner items that	nestran participa	
High School College or University Specialized Training, Trade School, etc Other Education	Name and Location  of highest proficiency, sp	ecial skills or oth	ner items that	nestranda e legal performa	
High School  College or University  Specialized Training, Trade School, etc  Other Education	Name and Location  of highest proficiency, sp	ecial skills or oth	ner items that	nesting alost material	



## PREVIOUS EXPERIENCE

Please list beginning fro	om most recent		
Dates Employed	Company Name	Location	Role/Title
2			
lob notes, tasks perfe	ormed and reason for leaving:		
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		)auto	Itemste Address
10-00-5	(Landing States)		contact Information:(
Dates Employed	Company Name	Location	Role/Title
Job notes, tasks perfe	ormed and reason for leaving:		
	Available Start Dat		OSTTION SOUGHT:
	a you currently amployed?	A states of the	lesired Pay Range:
	20		
Dates Employed	Company Name	Location	Role/Title
		10114	
Job notes, tasks perfe	ormed and reason for leaving:		High School
			que mento re spelle
			pecialized Training, Costs States Costs Stat
Dates Employed	Company Name	Location	Role/Title
			STATE TO A CONTROL OF THE CONTROL OF
Job notes, tasks perfe	ormed and reason for leaving:		
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Texas Dept of Family and Protective Services

## CHILD CARE CENTER PERSONNEL INFORMATION RECORD

Form 2947 January 2005

"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."

DATE OF BIRTH:  DATE OF EMPLOYMENT:  DATE CHC SENT TO DFPS:  T.B. TEST DATE:  T.B. TEST DAT	NAME:	ADDRESS:		PHONE	; #·
NAME OF HIGH SCHOOL:    GRADUATED?   GRADUATED?   GRADUATION DATE / GED	DATE OF BIRTH:	DATE OF EMPLOYMENT	To the second	-	<u> </u>
COLLEGE:  CAREER PROGRAM (if applicable.):  DEGREE:  DEGREE:  DEGREE:  DEGREE:  DEGREE:  DEGREE:  DEGREE:  DEGREE:  DEGREE:  ATTENDANCE MAINTAINED  WHERE AND HOW LONG  Sign in log		DATE OF ENTROT MENT:	DATE CHC SENT TO I	OFPS:	T.B. TEST DATE:
COLLEGE:  CAREER PROGRAM (if applicable.):  WORK SCHEDULE: HOURS: DAYS: CPR Fint Aid Training Exp Date: Exp Date: Exp Date: Exp Date: Exp Date: Staff with previous child care experience or training. (DOES NOT REQUIRE 8 HRS OF PRE-SERVICE), OR Staff without previous child care experience or training. (DOES NOT REQUIRE 8 HRS OF PRE-SERVICE), OR Staff without previous child care experience or training. (DOES NOT REQUIRE 8 HRS OF PRE-SERVICE), OR Staff without previous child care experience or training. (DOES NOT REQUIRE 8 HRS OF PRE-SERVICE), OR Staff without previous child care experience or training. (DOES NOT REQUIRE 8 HRS OF PRE-SERVICE), OR Staff without previous child care experience or training. Before being counted in the child/caregiver ratio, I received 8 hours of pre-service training in the following areas: Developmental stages of children. Positive interaction with children. Positive interaction with children. Positive interaction with children. Positive interaction with children. Preventing the spread of communicable diseases.  Staff will not be working with children younger than 24 months. (DOES NOT REQUIRE THE TRAINING LISTED BELOW), OR Staff will be working with children younger than 24 months. (DOES NOT REQUIRE THE TRAINING LISTED BELOW), OR Children younger than 24 months of age, I received one hour of pre-service training in:  Recognizing and preventing shaken baby syndrome and sudden infant death syndrome; and Understanding early childhood brain development.  Employee Signature Date  Trainer Signature Date  Trainer Signature Date  Trainer Signature Date  The use and location of fire extinguishers and first add equipment.  The use and location of fire extinguishers and first add equipment.  The use and location of fire extinguishers and first add equipment.  The procedures to follow in handling emergencies, including fire, explosion, tornado, toxic fumes, volatile persons, and severe injury or illness of a child or adult.  An overview of symptoms of child abuse, neglect, and sexual abuse and the	NAME OF HIGH SCHOOL:		GRADUATED?	GRADI	IATION DATE / CED
CAREER PROGRAM (if applicable.):    NSTRUCTOR:	COLLEGE			-	-
WORK SCHEDULE: HOURS: DAYS: CPR First Aid Training Exp Date: Exp D	COLLEGE.	DEGREE:			
HOURS: DAYS: Sign in log Time sheet Sp. Date: Da		INSTRUCTOR:			
Check all that apply:  Staff without previous child care experience or training. (DOES NOT REQUIRE 8 HRS OF PRE-SERVICE), OR  Staff without previous child care experience or training. Before being counted in the child/caregiver ratio, I received 8 hours of previous child to the children positive guidance and discipline of children.  Positive guidance and discipline of children.  Positive interaction with children.  Positive interaction with children.  Positive interaction with children.  Positive interaction with children.  Preventing the spread of communicable diseases.  Staff will not be working with children younger than 24 months. (DOES NOT REQUIRE THE TRAINING LISTED BELOW), OR  Staff will be working with children younger than 24 months. Before being given counted in the child/caregiver ratio for a group of children younger than 24 months of age, I received one hour of pre-service training in:  Recognizing and preventing shaken baby syndrome and sudden infant death syndrome; and  Understanding early childhood brain development.  Employee Signature  Date  Trainer Signature  Date  MPLOYEE AND VOLUNTEER ORIENTATION  addition to being oriented in the understanding of children and in job expectations, I have been oriented in:  An overview of the minimum standards for child care centers.  The Center's operational policies, including discipline, guidance, and the release of children.  The use and location of fire extinguishers and first aid equipment.  The use and location of fire extinguishers and first aid equipment.  An overview of symptoms of child abuse, neglect, and sexual abuse and the responsibility for reporting these.  I have received a copy of the child-care center's operational policies.  I have received a copy of the child-care center's written personnel policies including my job, job responsibilities, and requirements.	HOURS: DAYS: CPR First Aid Training		1	RAINING	WHERE AND HOW LONG
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Trainer Signature	An overview of the minimum standards: The Center's operational policies, includ The use and location of fire extinguisher The procedures to follow in handling em injury or illness of a child or adult. An overview of symptoms of child abuse  I have received a copy of the child-care cer	ng of children and in job expectation of child care centers.  ing discipline, guidance, and the rest and first aid equipment.  ergencies, including fire, explosion, neglect, and sexual abuse and the later's operational policies.	elease of children.  n, tornado, toxic fumes e responsibility for repo	, volatile	se.
Trainer Signature Date	Employee :	Signature		1	Date
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## AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STAT	E OF
COUN	NTY OF
I swea	ar or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or uvenile:
1. 2. 3. 4. 5. 6. 7. 8. 9.	Been convicted of; Pleaded guilty to (whether or not resulting in a conviction); Pleaded nolo contendere or no contest to; Admitted; Had any judgment or order rendered against me (whether by default or otherwise); Entered into any settlement of an action or claim of; Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of; Resigned under threat of termination of employment or volunteerism for; Had a report of child abuse or neglect made and substantiated against me for; or Have any pending criminal charges against me in this or any other jurisdiction for;
	onduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether criminal or civil law of any jurisdiction):
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17.	Any felony; Rape or other sexual assault; Physical, sexual, emotional abuse and/or neglect of a minor; Incest; Exploitation, including sexual, of a minor; Sexual misconduct with a minor; Molestation of a child; Lewdness or indecent exposure; Lewd and lascivious behavior; Obscene or pornographic literature, photographs, or videos; Assault, battery, or any violent offense involving a minor; Endangerment of a child; Any misdemeanor or other offense classification involving a minor or to which a minor was a witness; Unfitness as a parent or custodian; Removing children from a state or concealing children in violation of a court order; Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or, Any type of child abduction.
	The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.
Signe	d:Date:
	cribed and sworn to (or affirmed) before me this day of
	ture of notary officer:if any, of notarial officer)
	My commission evnires: