



Bartonville
 64 McMakin Road
 Bartonville, TX 76226
 Phone: 940-455-7123

EMPLOYMENT APPLICATION

FIRST NAME	MIDDLE NAME	LAST NAME	TODAY'S DATE
ADDRESS			POSITION APPLYING FOR
			HOME PHONE
CITY	STATE	ZIP	CELL PHONE / PAGER #
SOCIAL SECURITY #			ARE YOU 18 YEARS OR OLDER?

WHICH DAYS ARE YOU AVAILABLE TO WORK (Please check all that apply):

Monday Tuesday Wednesday Thursday Friday

WHAT TIMES ARE YOU **NOT** AVAILABLE TO WORK? _____

DATE YOU CAN BEGIN _____ / _____ / _____ SALARY REQUESTED _____

WILL YOU ACCEPT? (CHECK IF YES):

Full Time Part Time Temporary School Months Only As Needed / Substitute

HAVE YOU EVER BEEN EMPLOYED BY GUIDANCE PREPARATORY ACADEMY? YES NO

IF SO, GIVE DATE _____ JOB TITLE _____ SUPERVISOR _____

DO YOU HAVE ANY RELATIVES WORKING FOR GUIDANCE PREPARATORY ACADEMY? YES NO

RELATIVES NAME/S _____

CAN YOU PROVIDE PROOF OF CITIZENSHIP, VISA, OR ALIEN REGISTRATION # UPON EMPLOYMENT? YES NO

HOW DID YOU LEARN OF THIS POSITION? _____

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO DATE _____ / _____ / _____ G.P.A. _____

NAME & LOCATION OF HIGH SCHOOL ATTENDED _____

COLLEGE OR VOCATIONAL SCHOOL AND LOCATION	DATES FROM/TO	MAJOR STUDIED	DEGREE EARNED

OTHER CHILDCARE RELATED COURSES AND TRAINING DATES

DO YOU HAVE A VALID TEXAS STATE DRIVER'S LICENSE # ? YES NO
ARE YOU WILLING TO DRIVE THE CENTER BUS FOR FIELD TRIPS AND BEFORE / AFTER SCHOOL TRANSPORTATION? YES NO
DO YOU HAVE A TEXAS FOOD SERVICE WORKER PERMIT? YES NO
ARE YOU WILLING TO PREPARE LUNCHES AND SNACKS IF NEEDED? YES NO
DO YOU HAVE A CURRENT FIRST AID/CPR CARD? YES NO
DO YOU HAVE A CURRENT INFANT-CHILD CARDIOPULMONARY RESCUSITATION (CPR) CARD? YES NO

HAVE YOU EVER HAD A PROTECTIVE ORDER ISSUED AGAINST SOMEONE? YES NO
HAVE YOU EVER HAD A PROTECTIVE ORDER ISSUED ON YOURSELF? YES NO
DESCRIBE THE NATURE _____

HAVE YOU EVER FILED A CLAIM FOR WORKER COMPENSATION? YES NO
DESCRIBE THE NATURE AND DURATION _____

HAVE YOU EVER HAD ANY MOTOR VEHICLE CITATIONS? YES NO
DESCRIBE THE NATURE AND DATES _____

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE WHICH RELATES REASONABLY TO CREDIBITLIY OR FITNESS TO PERFORM THE JOB YOU ARE APPLYING FOR? YES NO

OFFENSE _____ DATE _____

I AUTHORIZE THE INVESTIGATION OF ALL MATTERS WHICH GUIDANCE PREPARATORY ACADEMY DEEMS RELEVANT TO MY QUALIFICATIONS FOR EMPLOYMENT. THIS INCLUDES ALL STATEMENTS MADE IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION AND I RELEASE FROM ALL LIABILITY ANY PERSONS (SUCH AS FORMER SUPERVISORS OR EMPLOYERS) SUPPLYING IT. I ALSO RELEASE GUIDANCE PREPARATORY ACADEMY FROM ALL LIABILITY, WHICH MIGHT RESULT FROM MAKING THE INVESTIGATION.

I CERTIFY THE FACTS AND INFORMATION IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION, AS WELL AS ANY MISLEADING STATEMENTS OR OMISSIONS, WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION, REGARDLESS OF WHEN OR HOW DISCOVERED.

I UNDERSTAND THAT I MAY RESIGN OR BE TERMINATED, WITHOUT CAUSE OR NOTICE, AT ANY TIME. I ALSO UNDERSTAND THAT GUIDANCE PREPARATORY ACADEMY MAY CHANGE, WITHDRAW AND INTERPRET OTHER POLICIES (INCLUDING BUT NOT LIMITED TO WAGES, HOURS AND WORKING CONDITIONS) AS IT DEEMS APPROPRIATE. I UNDERSTAND THAT REGULAR AND PUNCTUIONAL ATTENDENCE AND OVERTIME AS REQUESTED, IS A REQUIREMENT FOR THIS POSITION.

I HAVE READ EACH OF THE ABOVE STATEMENTS. I HAVE ALSO REVIEWED ALL OF THE INFORMATION I PROVIDED IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS.

YES NO

SIGNATURE

DATE

PREVIOUS EMPLOYMENT

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES FOR THE PAST 10 YEARS

EMPLOYER _____ START DATE _____
ADDRESS _____ END DATE _____
CITY, STATE & ZIP _____ BEGINNING WAGE _____
POSITION TITLE _____ ENDING WAGE _____
SUPERVISOR _____ PHONE NO. _____
REASON FOR LEAVING _____ MAY WE CONTACT? _____ YES NO
WORK PERFORMED _____

EMPLOYER _____ START DATE _____
ADDRESS _____ END DATE _____
CITY, STATE & ZIP _____ BEGINNING WAGE _____
POSITION TITLE _____ ENDING WAGE _____
SUPERVISOR _____ PHONE NO. _____
REASON FOR LEAVING _____ MAY WE CONTACT? _____ YES NO
WORK PERFORMED _____

EMPLOYER _____ START DATE _____
ADDRESS _____ END DATE _____
CITY, STATE & ZIP _____ BEGINNING WAGE _____
POSITION TITLE _____ ENDING WAGE _____
SUPERVISOR _____ PHONE NO. _____
REASON FOR LEAVING _____ MAY WE CONTACT? _____ YES NO
WORK PERFORMED _____

EMPLOYER _____ START DATE _____
ADDRESS _____ END DATE _____
CITY, STATE & ZIP _____ BEGINNING WAGE _____
POSITION TITLE _____ ENDING WAGE _____
SUPERVISOR _____ PHONE NO. _____
REASON FOR LEAVING _____ MAY WE CONTACT? _____ YES NO
WORK PERFORMED _____
