

Horizons Ministry

Employee Application

Children's Center Applying for: (please circle)

Kaleidoscope Kids

Discovery Kidz

New Horizons

This application is designed to meet all requirements of TDFPS.

Check the position for which you are applying: teacher teacher aid cook
 floater van driver receptionist assistant director director

Are you available for? Full Time Part Time Split Shift

General:

Name: _____
Social Security # _____ TX. Driver's License No. _____
Date of Birth _____ Phone No. () _____ 2nd No. () _____
Address _____ City _____ Zip Code _____
In case of emergency, notify: _____ Relationship _____ Phone _____
Address (Street, City, Zip) _____

Education:

Elementary or High School (circle years completed) 1 2 3 4 5 6 7 8 9 10 11 12 > Graduate? yes no
GED? yes no

High School _____ City/State _____ Date Graduated _____

College/University _____ City/State _____ Graduated? Date _____

Technical/Voc. _____ City/State _____ Graduated? Date _____

Describe any other special training you have had which you feel is pertinent Continuing Education Units.
Give dates, locations, and the name of the organization or agency sponsoring the training.

List any professional licenses, certificates, or credentials you hold (CPR/1st Aid).

Employment and Experience:

Show all positions held within the last 10 years beginning with the most recent or last employer.

<u>Dates Employed</u>	<u>Position</u>	<u>Employer</u>	<u>Phone Number</u>
_____	_____ F/T P/T	_____	_____
_____	_____ F/T P/T	_____	_____
_____	_____ F/T P/T	_____	_____
_____	_____ F/T P/T	_____	_____
_____	_____ F/T P/T	_____	_____

A. Describe the duties of each position listed above that were in the areas of childcare services; child care personnel supervision; and program management or administration.

B. Describe any other experience you have had which you feel is pertinent, include volunteer work in the description. Give dates and locations.

C. If applying for a director's position, please describe how you comply with the director's qualifications stated in the standards. Documentation showing how you meet qualifications for director must be available at the facility, e.g., college transcript, diploma, C.D.A. credential. Use additional sheets as necessary. (NOTE: Complete only if you are a director or applying to be a director of our facility.)

Child Abuse/Neglect:

Have you ever been investigated for abusing or neglecting a child by any of the following agencies?

A. Child Protective Services of the Texas Department of Protective and Regulatory Services.....__ Yes __ No

Child Abuse/Neglect (cont'd):

- B. County child welfare agency Yes No
- C. Law enforcement agency (police, sheriff, etc.) Yes No
- D. Child welfare agency in another state Yes No
- E. Other (specify) Yes No

If "Yes" the any of the above, what was the child's name? _____

How was the child related? _____ Date of Occurrence: _____

Where: _____

Health:

- A. During the past 10 years have you had any handicapping conditions; chronic conditions; or physical, mental, or emotional illness? Yes No
If "Yes" please give a description of the handicap, vision or hearing problem, any limitations in mobility, and any history of alcohol or drug abuse, include treatment and current status.

- B. What is your current health condition? Excellent Good Fair Poor

Philosophy:

Since we are a Christian Child Development Center, please explain how you would fit into such an environment? _____

What church do you attend? _____ Pastor's name _____

Criminal Charges/Convictions

- A. Have you ever been convicted of a felony or misdemeanor? Yes No
If "Yes", please give date: _____ location _____

Please give details including type of conviction and disposition: _____

- B. Do you have a felony or misdemeanor charges pending with the county or district attorney or are you complying with the terms of a deferred adjudication? Yes No

If "Yes" Type of charge: _____

County where charges are pending or length of deferred sentence _____

_____ Court No. _____ Location _____

Please give any details: _____

Previous Licenses/Registrations (complete only if you have worked in child care prior to this application)

- A. Has the Texas Department of Protective and Regulatory Services or any other state agency ever registered, listed or licensed you to care for children? Yes No
If "Yes" when were you registered, or listed? From: _____ To: _____
Address(Street, City, Zip): _____
If you registered under another name, what was the name? _____
Or when were you licensed? From: _____ To: _____
Name of facility: _____
Facility address (Street, City, Zip): _____
- B. Are you a foster parent? Yes No
- C. Have you ever been denied a license or registration to care for children? Yes No
If "Yes" when were you denied? _____ for what type childcare: _____
Facility address: (Street, City, Zip) _____
- D. Have you ever had a child care license or registration revoked or suspended?..... Yes No
If "Yes" when did the revocation or suspension occur? _____ Reason: _____
Facility address: (Street, City, Zip) _____
- E. Has a facility that you operated ever been placed on probation? Yes No
If "Yes" when was it placed on probation? _____ Reason: _____
Facility address (Street, City, Zip): _____

I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I hereby authorize Horizons Ministry and the Texas Department of Family and Protective Services to contact the persons listed on this form. I also authorize Horizons Ministry to do a Criminal History Check. I understand that others may be contacted and at any time, seek verification of any and all information on this form. I also understand that all new employees are hired on a probationary basis not to exceed three months.

Signature

Date

Comments: (For office use only)