



3208 FM 407 E, Bartonville, TX 76226
(817) 491-4711

EMPLOYMENT APPLICATION

FIRST NAME	MIDDLE NAME	LAST NAME	POSITION APPLYING FOR
ADDRESS			
			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 PREMIER ACADEMY? YES NO

IF SO, GIVE DATE _____ JOB TITLE _____ SUPERVISOR _____

DO YOU HAVE ANY RELATIVES WORKING FOR PREMIER 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 TUBERCULAR TEST RESULTS? [] 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 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 PREMIER 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 PREMIER 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 PREMIER 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



