



24159 Boerne Stage Road, Leon Springs, TX 78255

Phone: (210) 698-0700 Fax: (210) 698-6866

<http://minitexans.com>

Employment Application

Date Applied: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

SSN: _____ - _____ - _____

Are you 18 years or older? (Please Circle) Yes No Means of Transportation: _____

How were you referred to Mini Texans? _____

Type of Employment Preferred: (Please Circle) Temporary Full-time Part-time Summer

Date available for employment? _____ Desired Salary: _____

Position Desired: _____

Ever been convicted for any crime, including sex-related or child abuse-related offenses? (Please Circle) Yes No

If yes, give charges, locations, dates and disposition. _____

Driver's License No.: _____ State: _____ Presently Insured? (Please Circle) Yes No

Education

High School: _____ Year Grad.: _____

Years completed: (Please Circle) 1 2 3 4

College: _____ Year Grad.: _____

Major: _____ Minor: _____

Years completed: (Please Circle) 1 2 3 4 5

Experience

(Start with present job and list each position held with that employer)

Employer's Name: _____ May we call Employer? (Please Circle) Yes No

Employer's Address: _____ City: _____ Zip: _____

Employer's Phone Number: _____ Supervisor's Name: _____

<u>Dates Employed</u>	<u>Positions Held</u>	<u>Duties</u>	<u>Salary</u>	<u>Reason For Leaving</u>

Employer's Name: _____ May we call Employer? (Please Circle) Yes No

Employer's Address: _____ City: _____ Zip: _____

Employer's Phone Number: _____ Supervisor's Name: _____

<u>Dates Employed</u>	<u>Positions Held</u>	<u>Duties</u>	<u>Salary</u>	<u>Reason For Leaving</u>

Employer's Name: _____ May we call Employer? (Please Circle) Yes No

Employer's Address: _____ City: _____ Zip: _____

Employer's Phone Number: _____ Supervisor's Name: _____

<u>Dates Employed</u>	<u>Positions Held</u>	<u>Duties</u>	<u>Salary</u>	<u>Reason For Leaving</u>

Personal References

(Give three references, excluding relatives or former employees)

<u>Name and Address</u>	<u>Telephone Number</u>	<u>Occupation</u>

Personal Viewpoint

List below why you desire working within a childcare center. Include any special qualification you have that would lend in working with children. (Example: teaching, dance, baton, karate, music, crafts, etc.)

Medical History

Name of personal physician: _____ Physician's Phone Number: _____

Physician's Address: _____ City: _____ Zip: _____

Do you presently have any handicaps that may impair your performance? _____

Emergency Information

(Relative or friend to notify)

Name of person: _____ Phone Number: _____

Name of person: _____ Phone Number: _____

Please Read Before Signing.

I hereby affirm that all facts and statements set forth by me on this employment application are complete and true to the best of my knowledge and belief. I also certify that I have not knowingly withheld any facts or information which, if disclosed, would unfavorably affect my application. I understand that falsified or misleading information may be cause for refusal of employment or immediate grounds for dismissal if employed.

Signature

Date

This application becomes void after 60 days unless renewed writing by the applicant.