

EMPLOYMENT APPLICATION - Cen-Tex Family Services, Inc.



Position Applying For: _____ Job Posting #: _____

Location Preference: _____

Name _____
Last Name First Name Middle

Address _____
Street City State Zip

Home Phone () - Work Number () - Cell Number () -

E-mail _____

Is any member of your family an employee or board member of Cen-Tex Family Services? Yes No

If Yes, Give Name _____ Relationship _____

Have you ever been employed with us before? Yes No

If Yes, list all dates _____ Position/Facility _____

Have you ever had a child in the Head Start Program? Yes No When/where? _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?
 Yes No *Proof of citizenship or immigration status will be required upon employment.*

Date available to start work? _____ Are you available to work: Full Time Part Time Temporary

Cen-Tex Family Services, Inc. must comply with the TDFPS Minimum Standards for Child-Care Centers, Head Start Standards, and company policies and procedures. The following questions are related to these guidelines:

Are you 18 years of age or older? Yes No

Can you travel if job requires it? Yes No

Do you have a valid Texas Driver's License? Yes No

If Yes, please provide TDL: _____ Expiration Date: _____

In compliance with our company insurance and driver's eligibility policy, employees of Cen-Tex Family Services, Inc. must have a valid TX driver's license and acceptable 3-year driving history. Driver's license checks will be conducted on new employees and annually thereafter.

| Type of School | Name and Location of School | Dates Attended | | | | Date Graduated or Expected Date | Credit Hours Completed | Diploma or Degree Awarded | Course of Study |
|--------------------------|-----------------------------|----------------|-----|-----|-----|---------------------------------|------------------------|---------------------------|-----------------|
| | | From | | To | | | | | |
| | | Mo. | Yr. | Mo. | Yr. | | | | |
| High School | | | | | | | | | |
| | | | | | | | | | |
| Colleges or Universities | | | | | | | | | |
| | | | | | | | | | |
| Trade Schools | | | | | | | | | |
| | | | | | | | | | |

If you have **college credit hours** in Early Childhood Development, how many credit hours to date? _____

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Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

List any certifications, licenses, etc. you possess that apply to your employment (i.e. CPR/1st Aid) _____

Please list any professional, trade, business or civic activities and offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, or handicap or other protected status. _____

State any additional information you feel may be helpful to us in considering your application: _____

Do you speak a language other than English? (If required for this position) Yes No

If yes, what language(s)? _____

How fluently? Fair Good Excellent

Do you write in a language other than English? (If required for this position) Yes No

If yes, what language(s)? _____

How fluently? Fair Good Excellent

BUSINESS OR PERSONAL REFERENCES (NOT RELATIVES)

Give name, address and telephone number of three references familiar with your education, training, or professional experience. **Do not include family members or relatives.**

| Name | Relationship to applicant (i.e. supervisor) | Complete Mailing or E-mail Address | Phone Number (inc. area code) |
|----------|---|------------------------------------|-------------------------------|
| 1. _____ | | | () - _____ |
| 2. _____ | | | () - _____ |
| 3. _____ | | | () - _____ |

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PART 2: EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military services assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Name of Employer: _____

Address _____
Street City State Zip

Position(s) Held: _____ Dates Employed: _____ to _____

Name and Title of immediate supervisor: _____ Contact Number (____) ____ - ____

Summary of Experience used in the performance of this job:

Reason for Leaving: _____

May we contact employer? Yes No

Name of Employer: _____

Address _____
Street City State Zip

Position(s) Held: _____ Dates Employed: _____ to _____

Name and Title of immediate supervisor: _____ Contact Number (____) ____ - ____

Summary of Experience used in the performance of this job:

Reason for Leaving: _____

May we contact employer? Yes No

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Name of Employer: _____

Address _____
Street City State Zip

Position(s) Held: _____ Dates Employed: _____ to _____

Name and Title of immediate supervisor: _____ Contact Number (____) ____ - ____

Summary of Experience used in the performance of this job:

Reason for Leaving: _____

May we contact employer? Yes No

Name of Employer: _____

Address _____
Street City State Zip

Position(s) Held: _____ Dates Employed: _____ to _____

Name and Title of immediate supervisor: _____ Contact Number (____) ____ - ____

Summary of Experience used in the performance of this job:

Reason for Leaving: _____

May we contact employer? Yes No

Use the space below to summarize other relevant experience, skills, and background.

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APPLICANT'S STATEMENT

I acknowledge that I understand the importance of providing complete and accurate information. I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. By signing below, I authorize Cen-Tex to pursue verifying my employment record and educational history by contacting my listed employers, references, and educational institutions.

I understand that any job offer is contingent upon satisfactory results of a post-offer criminal background check and that results must be obtained by the agency prior to beginning employment. In addition, I understand that I must complete a post-offer job-related physical and Tuberculosis testing.

I further understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

If applying for a driving position, I understand that in the event that it is found that I am uninsurable as a driver by the agency's vehicle insurance company for any reason, such uninsurability will be grounds for immediate dismissal from employment. In the event of employment I understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all Standards of Conduct, policies, rules, and regulations of the employer and any governing agencies.

Signature of Applicant

Date

Printed Name

**Cen-Tex Family Services, Inc.
Release of Liability**

I _____ do hereby authorize Cen-Tex Family Services to obtain information
(PRINT NAME)
regarding my employment, criminal background, driving record, and educational history and other information provided in this Application for Employment. As a prospective employee, I understand the importance of verification of this information, and release Cen-Tex Family Services and its agents from liability in connection with the release of this information.

Signature _____

Date _____

Social Security Number _____

Information to be released to: Cen-Tex Family Services, Inc.
Attn: Human Resources
2402 Main Street
Bastrop, Texas 78602

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Completion of this form is optional and will not affect terms or conditions of employment and/or eligibility for employment. This information is being collected only for the purposes of PIR and EEO reporting.

Applicant Name: _____

ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino Non-Hispanic/Non-Latino Origin

RACE:

(Please check one of the descriptions below corresponding to the race with which you identify.)

- White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino Origin** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Biracial/Multiracial** - A person who identifies with 2 or more races.
- Other** - A person reporting a race other than those listed.
Specify: _____
- Unspecified** - A person whose ethnicity is unknown or who has declined to identify their ethnicity.

Languages in which you are proficient:

- English
- Spanish
- Other: Specify _____

How Did You Learn About Us?

- Advertisement Where? _____
- Current Employee Who? _____
- Walk-In
- Employment Agency
- Other: Specify: _____

Applicant Signature: _____ Date: _____