

Date _____

LAKE TRAVIS UNITED METHODIST CHURCH PRESCHOOL EMPLOYMENT APPLICATION

PERSONAL:

Name _____

Address _____

Email _____ Phone _____

When can you begin work? _____

Current Employer _____ May we contact? _____

Hobbies/Interests _____

| EDUCATION: | Name/Location | Dates Attended | Graduation Date/Major |
|-----------------|---------------|----------------|-----------------------|
| High School/GED | _____ | _____ | _____ |
| College | _____ | _____ | _____ |
| Trade/Business | _____ | _____ | _____ |

Are you fluent or can read or write any foreign language? _____

If so, which language(s)? _____

EXPERIENCE: Former employers: (List last three beginning with most recent)

Employer _____ Phone _____

Address _____ Occupation _____

Dates _____ Contact _____

Employer _____ Phone _____

Address _____ Occupation _____

Dates _____ Contact _____

Employer _____ Phone _____

Address _____ Occupation _____

Dates _____ Contact _____

Outline an ideal day for a group of children in half-day preschool. What is the age of group?

If you could only have five (5) things in your classroom, what would they be?

What areas do you feel are most important to include daily for a group of children?

Which of these areas are you strongest in? In which areas are you the weakest?

Describe one of the most frustrating experiences you have had with children.

Describe one of the most satisfying experiences you have had with children.

Describe any experience you have in childcare.

List any other experience you have had which would benefit the children in our program.

Write a brief summary of your philosophy of early childhood education.

MISCELLANEOUS:

Clubs/Organizations: _____

Age Group Preference: (Rank from 1-5, 1 being first choice)

Toddlers (18-23 mos.) ____ Twos ____ Threes ____ Fours ____ No Preference ____

Are you willing to participate in continuing education beyond your regular preschool hours? ____

Are you willing to work with children: From low income households? ____

Who primarily speak a foreign language? ____

Who have special needs? ____

Do you have a young child(ren) who will be needing care? Yes ____ No ____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

PERSONAL REFERENCES: (List three people not related to you)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

CRIMINAL HISTORY:

Have you ever been convicted of a misdemeanor? Yes _____ No _____

If yes, give details including date, place, nature of conviction, and disposition.

Have you ever been convicted of a felony? Yes _____ No _____

If yes, give details including date, place, nature of conviction, and disposition.

Are you currently charged with (Indictment or Official Criminal Complaint by County District Attorney) a felony or misdemeanor? Yes _____ No _____

If I am considered for employment with Lake Travis United Methodist Church Preschool, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for my immediate dismissal. I understand and agree that my employment is for no definite period of time and, regardless of the date of payment of my wages, may be terminated at any time without any previous notice.

I acknowledge that I am aware that no one who has been convicted within the preceding ten years of any misdemeanor classified as an offense against the person or family or of public indecency, or of a felony classified as an offense against the person or family or of public indecency, or a violation of the Texas Controlled Substances Act may serve in any capacity where there is contact with children.

I acknowledge that I am aware that any employee or other person must be reassigned or removed from any contact with children if any of the following is returned:

- An indictment alleging commission of a misdemeanor classified as an offense against the person or family or public indecency.
- An indictment alleging commission of a felony classified as an offense against the person or family or public indecency, or of the Texas Controlled Substances Act.
- An official criminal complaint accepted by a district or county attorney alleging commission of a misdemeanor classified as an offense against the person or family or public indecency.

I certify that the information on this form is true and correct to the best of my knowledge. I understand that all information may be verified by the Director or the Texas Department of Family and Protective Services.

Signature _____ Date _____

In addition to this application, you must return the attached Affidavit for Applicants after it has been notarized