

The Serendipity School

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

FIRST NAME	MIDDLE NAME	LAST NAME	TODAY'S DATE:
ADDRESS			POSITION APPLYING FOR
			HOME PHONE
CITY	STATE	ZIP	CELL PHONE
SOCIAL SECURITY #	DATE OF BIRTH	ARE YOU 18 YEARS OR OLDER?	

DATE YOU CAN BEGIN _____ / _____ / _____ How many yrs. past experience? _____

Class age group preferred _____ Expected Pay Rate: _____ (per hour / salary)

WILL YOU ACCEPT? (CHECK IF YES):

Full Time Part Time Temporary School Months Only As Needed / Substitute

HAVE YOU EVER BEEN EMPLOYED BY THE SERENDIPITY SCHOOL OR THE MULBERRY SCHOOL? **[] YES [] NO**

IF SO, GIVE DATE _____ JOB TITLE _____ SUPERVISOR _____

DO YOU HAVE ANY RELATIVES WORKING FOR THE SERENDIPITY SCHOOL? **[] YES [] NO**

RELATIVES NAME/S _____

CAN YOU PROVIDE PROOF OF CITIZENSHIP, VISA, OR ALIEN REGISTRATION # UPON EMPLOYMENT? **[] YES [] NO**

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	DATES	MAJOR	DEGREE
SCHOOL AND LOCATION	FROM/TO	STUDIED	EARNED

OTHER CHILDCARE RELATED COURSES AND TRAINING _____ DATES _____

DO YOU HAVE A VALID TEXAS STATE DRIVER'S LICENSE #? [] YES [] NO

Driver's License # _____ Exp. date _____

DO YOU HAVE A CDL 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

HAVE YOU HAD FBI FINGERPRINTING? [] 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 THE SERENDIPITY SCHOOL 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 THE SERENDIPITY SCHOOL 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 THE SERENDIPITY SCHOOL 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 3 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:

REFERENCES: Give below the names of 3 persons not related to you, whom you have known at least one year.

Name	Email address	Contact Phone	Years Known

