



"Expanding Today's Young Minds – One Child at a Time"

**THE WOODLANDS YOUNG LEARNER'S ACADEMY
EMPLOYMENT APPLICATION**

I. PERSONAL INFORMATION					
Name (Last, First, Middle)		Social Security No.*	Driver's License No.*		Date of Birth
Mailing Address	Apt.	City	State	Zip Code	Home Telephone (w/A/C)
Name of School The Woodlands Young Learner's Academy	School Capacity 200	Title or Position Applying			
School Address	City	State	Zip Code	Telephone (w/A/C)	
*Indicate if you do not have a Social Security number or a driver's license					

II. EDUCATION	
Elementary or High School (select last year completed)	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Did you graduate or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF SCHOOL (University, College, Technical or Vocational)	LOCATION CITY AND STATE	DATES ATTENDED				GRADUATED		TYPE OF DIPLOMA	MAJOR FIELD OF STUDY
		From		To		Yes	No		
		Mo.	Yr.	Mo.	Yr.				
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Technical or Vocational						<input type="checkbox"/>	<input type="checkbox"/>		

Describe any other special training you have had which you feel is pertinent. Including Continuing Education Units. Give dates, locations, and the name of the organization or agency sponsoring the training.

List any professional licenses, certifications, or credentials you hold.

III. EMPLOYMENT AND EXPERIENCE — Show all positions held within the last 10 years beginning with current or last employer.

DATES EMPLOYED				POSITION	Full Time	Part Time	EMPLOYER	ADDRESS
From		To						
Mo.	Yr.	Mo.	Yr.					
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

A. Describe the duties of each position listed above that were in the areas of child-care services; child-care personnel supervision; and program management or administration.

B. Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give dates and locations.

IV. PREVIOUS LICENSES/REGISTRATIONS

A. Has the Texas Department of Family and Protective Services or any other state agency ever registered or listed you to care for

Yes No

If "Yes," when were you registered or listed?		Address (Street, City, ZIP)	
From:		To:	
County		If you were registered under another name, what was the name?	

B. Has the Texas Department of Family and Protective Services or any other state agency ever licensed you to care for children?

Yes No

If "Yes," what kind of license did you have? (do not include previous registration)		When were you licensed?	
		From:	To:
Name of Operation:			
Operation Address (Street, City, ZIP)			County

V. CHILD ABUSE/NEGLECT

A. Has the Texas Department of Family and Protective Services or any other state agency ever registered or listed you to care for

- | | | |
|--|------------------------------|-----------------------------|
| 1. Child Protective Services of the Texas Department of Family and Protective Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. County child welfare agency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Law enforcement agency (police, sheriff, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Child welfare agency in another state | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Other (specify) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "Yes" to any of the above, what was the child's name?

How was the child related?

When did this occur?

Where?

VI. CRIMINAL CHARGES/CONVICTIONS

A. Have you ever been convicted of a felony or misdemeanor?

Yes No

If "Yes," Date of Conviction

Location:

Give details including type of conviction and disposition:

B. Do you have felony or misdemeanor charges pending with the county or district attorney or is anyone now complying with the terms of a deferred adjudication?

Yes No

If "Yes," Type of Charge

County where charges are pending or length of deferred sentence. Court No. Location

Give details:

I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I hereby authorize The Woodlands Young Learner's Academy and the Texas Department of Family and Protective Services to contact the persons listed on this form. I understand that The Woodlands Young Learner's Academy and the Department may contact others and, at any time, seek verification of any and all information on this form, including any criminal background checks required by the State of Texas or at The Woodlands Young Learner's Academy sole discretion. I understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of the license.

Signature

Date