



Job Applied for:

Date:

Little Explorers Academy - Job Application Form

Interview 1 Date:

Interview 2 Date:

Please complete this form fully using **black ink or blue ink**, **Computer Type is preferred**. Resumes are not accepted on their own, but should be submitted with this Completed Application.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal Details

First, Middle Name: Last Name:

Address:

Zip Code: Date of Birth:

Desired Salary: \$ Social Security No.: - -

Mobile Telephone No.:

List any other Names Used (First or Last):

E-mail address:

Full-Time Part-Time Nights/Weekends Date Available: _____

Days Available? Monday Tuesday Wednesday Thursday Friday Saturday

Hours Available: _____

Are you free to remain and take up employment in the United States with no current immigration restrictions? Yes No

Hours of Work
Do you have a Flexible Availability to Work as Needed? Yes No

Driving License No.:
Do you hold a full, clean driving license valid in Texas? Yes No

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

Present Employment (If now unemployed give details of this employer)

Name of Employer:

Address:

Zip code:

Job Title:

Hire Date:

Salary:

Department / Section:

Brief Description of Duties:

Continue on a separate sheet if necessary

Who May we Contact?

Last day of Work:

Phone Number:

Email of Contact:

Reason for leaving

(if no longer employed):

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector

Name of Employer and Supervisor's Name:

Address:

Zip Code:

Position Held:

Summary of Duties:

Reason for leaving:

Name of Employer and Supervisor's Name:

Address:

Zip Code:

Position Held:

Summary of Duties:

Reason for leaving:

Name of Employer and Supervisor's Name:

Address:

Zip Code:

Position Held:

Summary of Duties:

Reason for leaving:

Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University		City, State		Graduation Date	Hours Completed	Diploma Type
Clock Hours	Expires	Childcare Course Description Name		License/Certificate Achieved		

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional / Technical / Management Qualifications	Course Details

Membership of any Professional / Technical Associations - Please state level of Membership:

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Program or Course	Duration of Course – Clock Hours

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, Skills, Knowledge and Experience.

Please use this section to explain in detail how you meet the requirements of the Job Listing and why you want this position. Please describe why we should consider you. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Criminal Background -Conviction May Not Disqualify You, but a False Statement Will.

Have you ever been Convicted of a Felony or Subjected to a Deferred Adjudication on a Felony Charge? Yes No

If yes, please give details / dates of offense(s) and sentence:

Section 8 Protecting Children

The following information WILL be required and you are subject to a Full Criminal Background History Check should you be hired.

Enhanced Checks

Are you aware of any police inquiries undertaken following allegations made against you, which may have a bearing on your suitability for this job? Yes No

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes No

If yes, please give details:

Section 10 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Business Reference 1	
Name:	<input type="text"/>
Position:	<input type="text"/>
Work Relationship:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Zip Code	<input type="text"/>
Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>

Are you willing for this person to be approached prior to the interview? Yes No

Business Reference 2	
Name:	<input type="text"/>
Position:	<input type="text"/>
Work Relationship:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Zip Code	<input type="text"/>
Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>

Are you willing for this person to be approached prior to the interview? Yes No

Personal Reference 1	
Name:	<input type="text"/>
Relationship:	<input type="text"/>
Relationship:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>

Are you willing for this person to be approached prior to the interview? Yes No

Personal Reference 2	
Name:	<input type="text"/>
Relationship:	<input type="text"/>
Relationship:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>

Are you willing for this person to be approached prior to the interview? Yes No

Section 11 Health

Your current health is important to us, and State Minimum Standards Require a Written Physician Letter to be Submitted Clearing you of an Annual Flu Shot and Tuberculous.

Are you willing to provide these? YES ____ NO ____

Section 12 Final Section

Do you Speak a Language other than English? YES ____ NO ____

If Yes, what Language(s): _____

Do you Write a Language other than English? YES ____ NO ____

If Yes, what Language(s): _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire, or if hired, termination of employment.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that this position requires a full background check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations for a criminal history in accordance with applicable State Statutes.
4. I understand that Medical Documentation regarding TB, CPR and First Aid Certification and Annual Clock Hours of Childcare Training are required for this position.
5. I authorize any of the persons, businesses, or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from any and all liability from any damages which may result from furnishing such information to you.

DATE: _____

This Application Must Be Signed. Sign Here:

X

Signature of Applicant

How did you First find out about this job?

- LEA Employee
- Job Fair
- Facebook AD
- Facebook GROUP
- LEA Website
- Friend or Family
- Drive By
- Indeed Website
- Other: _____

Section 13 EEO DATA FORM – I do NOT wish to fill this out: (Initial) _____

This sheet will be separated from your application form upon receipt and does not form part of the selection process. The following information is **OPTIONAL** and is being collected for the purpose of reporting Federal and Equal Employment Opportunities Agencies and ***will not be considered*** as part of the application for employment.

Application for the Job of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please **COMPLETE THIS SECTION OF THE APPLICATION FORM.**

Name:

Address:

Gender:

Male

Female

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled?

Yes

No

If yes, please give details:

Present Status

Internal Applicant

External Applicant

Age Group

16-25

26-35

36-45

46-55

56-65

66-70

Over 70

What is your Ethnic Group?

White

Black

Hispanic

Asian/Pacific Islander

American Indian/Alaskan

Other

Section 14 Declaration

Signed:

Date:

LEA Candidates selected for interview will normally be notified within three weeks. Unfortunately, applicants who do not hear from Little Explorers Academy must conclude that their application has been unsuccessful on this occasion.

Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed post card.

Little Explorers Academy undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address, etc.) that you provide to us, or that we obtain from you, in accordance with the requirements of confidentiality.

If you are returning this form by email, you will be asked to sign your application at the interview if you are not able to sign and scan the signed document.

RETURNING THIS FORM



By Hand:

Little Explorers Academy
19433 TC Jester Blvd.
Spring, TX 77379

By E-Mail:

LittleExplorersKids@gmail.com

Enquiries:

Telephone: 281-547-8989

