



Application for Employment

Today's Date: _____

Personal Information:

Name: _____
Last First Middle Other names used

Social Security Number: _____ TX Drivers Lic. # _____
(We will need a copy of your drivers license or ID for the criminal history background check.)

Address: _____
Number Street City TX. Zip

How long at this address? _____

Contact information: _____
Home phone Cell Other Email

Position applied for: _____ Expected Salary: _____

Days and hours available to work (Full or Part time):

Mon: _____ Thu: _____
Tue: _____ Fri: _____
Wed: _____

Why would you like to work at SWLC?

What makes you the best candidate for working with children?

Have you ever been under investigation by Child Protective Services or any other such agency for your appropriateness around children? No__ Yes__ If yes, explain.

Have you ever been convicted of a felony? No__ Yes__ If yes, explain.

Have you ever been convicted of any crime (misdemeanor or felony), or received a judgment related to child abuse, child neglect, and/or unlawful sexual offences? No__ Yes__ If yes, explain.

Education:

High School Attended, location & dates attended: _____
Date of Graduation or GED _____

College Attended, location & dates attended: _____
Major or Coursework studied: _____
Degree or Certificate and date: _____

Please list any other education or training that makes you a qualified candidate to work at SWLC.

Do you have a current First Aid and CPR card? No__ Yes__ If yes, expiration date: _____

Employment History (most recent first):

Company Name: _____	Employed (from-to): _____
Name of Supervisor: _____	Telephone number: _____
Starting Position: _____	Rate of pay: _____
Ending Position: _____	Rate of pay: _____
Reason for Leaving: _____	

Company Name: _____	Employed (from-to): _____
Name of Supervisor: _____	Telephone number: _____
Starting Position: _____	Rate of pay: _____
Ending Position: _____	Rate of pay: _____
Reason for Leaving: _____	

Company Name: _____	Employed (from-to): _____
Name of Supervisor: _____	Telephone number: _____
Starting Position: _____	Rate of pay: _____
Ending Position: _____	Rate of pay: _____
Reason for Leaving: _____	

How do you plan on getting to work? _____

Personal References (not listed as employers)

Name: _____ Relationship to applicant: _____

Phone: _____

Name: _____ Relationship to applicant: _____

Phone: _____

PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge, the information and statements made in this application are true and correct. I understand that any misrepresentation or omission of facts in my application may be justification for refusal to hire or termination.

I understand that SWLC is required to perform a background check and employment is contingent on receiving a clearance.

I authorize any and all references to release information regarding my employment history or my personal character in how it applies to working with children.

If employed at SWLC, I understand that I will be required to take training courses and a TB test as well as read and abide by TDRPS Minimum Standards, SWLC Staff handbook and Parent handbook.

Signature of applicant: _____ Date: _____

