



# APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER



1215 Country Club Lane Fort Worth, Texas 76112-2304 • (817) 923-9888 Ext. 813 • Fax: (817) 507-0473

### PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company is an equal opportunity employer and does not discriminate in the recruitment, hiring, or conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability or handicap, age, veteran status, or any other status protected under local, state or federal laws.

The completion of this application does not in any way guarantee your status as an applicant or any consideration for employment with Clayton YES! unless you meet all minimum qualifications required of the position for which you are asking to be considered.

- ◆ Print in **Black** Ink or Type.
- ◆ Enter "**NA**" for questions that are not applicable.
- ◆ **Sign and Date** application when completed.
- ◆ Answer **ALL** questions completely.
- ◆ **Do Not** leave questions blank.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Local Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(if different from local) Street City State Zip

Email Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Are you 18 years of age or over? Yes  No  (If no, you must be enrolled in a high school work study program.)

Are you authorized to work in the United States? Yes  No  (If you are hired, you will be required to furnish proof of your employment eligibility.)

Have you been convicted of or pleaded no contest to a crime other than a minor traffic offense? Yes  No  (conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: \_\_\_\_\_

Other names used in prior employment: \_\_\_\_\_

### POSITION/AVAILABILITY

Applying for position as:  Group Leader  Substitute  Assistant Site Manager  Site Manager/Director  Program Coordinator  
 Preschool Teacher (Greenbrier at St. Matthew's)  Corporate Office Staff/Clerical  Other : \_\_\_\_\_

Date available to begin employment: \_\_\_\_\_ Salary Requirement \_\_\_\_\_

Hours Desired  Before/After School (25-35 hours weekly)  After School Only (17-22 hours weekly)  Management (40 hrs weekly—salaried)  Corporate Office Staff (30-40 hours wkly)

Preferred location of employment desired:  Fort Worth  Keller  Birdville  Greenbrier at St. Matthew's

Have you previously applied for employment with our agency?  Yes  No If yes, when? \_\_\_\_\_ Position applied for: \_\_\_\_\_

Were you hired?  Yes  No If yes, what year and position hired for \_\_\_\_\_

How were you referred to our agency?  Employee  Advertisement  School  Drop in  Agency  College/University  Other

Name of referral source indicated above \_\_\_\_\_

Have you ever been involuntarily discharged from a position?  Yes  No If yes, please give dates \_\_\_\_\_  
and circumstances \_\_\_\_\_

## EMPLOYMENT HISTORY

Include **ALL** employment including unemployment, self-employment, volunteer work, or time as a student. Please list each position held separately, even those with the same employer and include duties and complete dates for each position listed. Give a brief summary of any technical and managerial responsibilities (if applicable) of each position listed below.

<b>CURRENT OR LAST EMPLOYER:</b>		Job/Position Title	<b>DATES OF EMPLOYMENT</b>	
Address (Street, City, State, Zip Code)			From: Month                  Year	
Supervisor Name:	Title:	Phone:	To: Month                  Year	
Duties/Responsibilities			<b>BEG. SALARY</b>	<b>ENDING SALARY</b>
Reason(s) for Leaving:			<b>\$</b>	<b>\$</b>
			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CURRENT OR LAST EMPLOYER:</b>		Job/Position Title	<b>DATES OF EMPLOYMENT</b>	
Address (Street, City, State, Zip Code)			From: Month                  Year	
Supervisor Name:	Title:	Phone:	To: Month                  Year	
Duties/Responsibilities			<b>BEG. SALARY</b>	<b>ENDING SALARY</b>
Reason(s) for Leaving:			<b>\$</b>	<b>\$</b>
			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CURRENT OR LAST EMPLOYER:</b>		Job/Position Title	<b>DATES OF EMPLOYMENT</b>	
Address (Street, City, State, Zip Code)			From: Month                  Year	
Supervisor Name:	Title:	Phone:	To: Month                  Year	
Duties/Responsibilities			<b>BEG. SALARY</b>	<b>ENDING SALARY</b>
Reason(s) for Leaving:			<b>\$</b>	<b>\$</b>
			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CURRENT OR LAST EMPLOYER:</b>		Job/Position Title	<b>DATES OF EMPLOYMENT</b>	
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Duties/Responsibilities			<b>BEG. SALARY</b>	<b>ENDING SALARY</b>
Reason(s) for Leaving:			<b>\$</b>	<b>\$</b>
			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CURRENT OR LAST EMPLOYER:</b>		Job/Position Title	<b>DATES OF EMPLOYMENT</b>	
Address (Street, City, State, Zip Code)			From: Month                  Year	
Supervisor Name:	Title:	Phone:	To: Month                  Year	
Duties/Responsibilities			<b>BEG. SALARY</b>	<b>ENDING SALARY</b>
Reason(s) for Leaving:			<b>\$</b>	<b>\$</b>
			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**ADDITIONAL EMPLOYMENT NOT PREVIOUSLY LISTED:** You may continue on a separate sheet of paper or attach a typed employment history that includes the same information if additional space is needed.

<u>EMPLOYER/CITY/STATE</u>	<u>SUPERVISOR NAME</u>	<u>JOB DESCRIPTION/TITLE</u>	<u>DATES OF EMPLOYMENT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF GAPS IN EMPLOYMENT, PLEASE GIVE DATES AND EXPLANATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION HISTORY**

This section must be accurate and complete.  
**ALL POSITIONS REQUIRE A HIGH SCHOOL DIPLOMA OR EQUIVALENCY.**

<b>HIGH SCHOOL GRADUATE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>GED:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of High School Attended		Address (City & State)		Number of Years Attended	

**UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)—PROVIDE TRANSCRIPT**

Name of School		Location (City & State)			
Degree Awarded	Major Field of Study	Minor/Other Relevant Courses	Can you verify years of attendance and/or graduation if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of School		Location (City & State)			
Degree Awarded	Major Field of Study	Minor/Other Relevant Courses	Can you verify years of attendance and/or graduation if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of School		Location (City & State)			
Degree Awarded	Major Field of Study	Minor/Other Relevant Courses	Can you verify years of attendance and/or graduation if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL**

Name of School	Location (City & State)	Title of Program or Subjects Taken	Certificate Received	Can you verify years of attendance and/or graduation if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Location (City & State)	Title of Program or Subjects Taken	Certificate Received	Can you verify years of attendance and/or graduation if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Location (City & State)	Title of Program or Subjects Taken	Certificate Received	Can you verify years of attendance and/or graduation if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently attending school?    Yes     No      If yes, give expected completion date: \_\_\_\_\_

**PROFESSIONAL LICENSES/ CREDENTIALS/ MEMBERSHIPS:**

PROFESSIONAL LICENSE/ CREDENTIAL	LICENSE/CREDENTIAL EXPIRATION DATE

**PROFESSIONAL MEMBERSHIPS:** You need not disclose membership in a professional organization that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, political affiliation, or any protected status.


**SPECIAL SKILLS/QUALIFICATIONS**

List applicable awards, honorary positions or volunteer services relative to your ability to work with children.

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List language skills, other than English, you have and your level of proficiency (speak, read, write, etc.)

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List applicable seminars or trainings you've attended within the past 5 years relative to your ability to perform the functions of the position for which you are applying.

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List any talents, interests, or special skills you have that enhance your ability to work with children.

## REFERENCES

List three persons (*only one reference can be a relative*) who have definite knowledge of your business or professional qualifications. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone

### LIST THE NAME OF RELATIVES EMPLOYED BY THIS AGENCY AND THEIR RELATIONSHIP TO YOU.

Name & Relationship	Name & Relationship
Name & Relationship	Name & Relationship

## DECLARATION OF FELONY AND/OR MISDEMEANOR CHARGES AND/OR CONVICTIONS

The Department of Family and Protective Services' Minimum Standard 745.651 requires that all Personnel Records of child care workers contain complete information about all convictions and pending charges alleging violation of (a) A misdemeanor or felony under Title 5 (Offenses Against the Person), Title 6 (Offenses Against the Family), Chapter 29 (Robbery) of Title 7, Chapter 43 (Public Indecency) or §42.072 (Stalking) of Title 9, §15.031 (Criminal Solicitation of a Minor) of Title 4, §38.17 (Failure to Stop or Report Aggravated Sexual Assault of Child) of Title 8 of the Texas Penal Code (TPC), or any like offense under the law of another state or federal law; (b) A misdemeanor or felony committed within the past 10 years under: (1) The Texas Controlled Substances Act; (2) The following sections or chapters of the TPC: (A) §39.04 (Violations of the Civil Rights of Person in Custody; Improper Sexual Activity with Person in Custody); (B) §42.08 (Abuse of Corpse); (C) §42.09 (Cruelty to [Livestock] Animals); (D) §42.091 (Attack on Assistance Animal); (E) §42.092 (Cruelty to Non-livestock Animals); (F) §42.10 (Dog Fighting); (G) §46.13 (Making a Firearm Accessible to a Child); or (H) Chapter 49 (Intoxication and Alcoholic Beverage Offenses); or (3) The Texas Alcoholic Beverage Code, §106.06 (Purchase of Alcohol for a Minor; Furnishing Alcohol to a Minor); (4) Any like offense of the law of another state or federal law; or (c) Any other felony committed within the past 10 years under the TPC or any like offense of the law of another state or federal law; or (d) Deferred adjudications covering an offense listed in subsections (a)-(c) of this section, if the person has not completed the probation successfully OR a signed statement from the employee certifying that they have never had said convictions and/or does not currently have said charges pending.

All childcare workers will have their criminal record checked through the Texas Department of Family and Protective Services and will be fingerprinted by the Texas Department of Public Safety.

I also certify that I have not been convicted by any state, local or federal authority, or currently have charges pending, or previously had charges pending that resulted in deferred adjudication or probation for violation of the Texas Penal Code; or the Texas Controlled Substance Act.

\_\_\_\_\_ *Signature (unsigned applications may not be considered)*

\_\_\_\_\_ *Date Signed*

## CERTIFICATION: PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to the verification of this agency. I authorize the agency, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, friends, neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education, criminal reports and motor vehicle driving records. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

I understand that, in the event I am employed by the agency, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the agency at the agency's discretion. I understand that submission of an application does not guarantee employment.

I also understand that my employment is conditional upon my satisfactorily passing, if applicable, a criminal history check, Texas Dept. of Family and Protective Services background check, pre-employment drug screening, obtaining a health card, providing a negative TB test result and maintaining required agency training. I also understand the agency policy requires all employees participate in random drug screening tests.

I have read the above statements and accept them as conditions of employment with Clayton YES! should such be offered.

\_\_\_\_\_ *Signature (unsigned applications may not be considered)*

\_\_\_\_\_ *Date Signed*



## APPLICANT'S QUESTIONNAIRE FORM

As part of our staff selection process we would like you to complete the following statements. Please do not spend too much time on any one of the statements because your initial thoughts are probably your best answer.

**Thank You**

1. A child feels unhappy when. . .
2. Caring for children is. . .
3. Children are wonderful but. . .
4. An angry child. . .
5. The most rewarding thing about working with children is. . .
6. The most irritating thing a child can do is. . .
7. Caregivers need. . .
8. The hardest thing about working with children is. . .
9. Children seem happiest when. . .
10. Children misbehave when. . .
11. The worst thing a child can do is. . .
12. A bad child. . .
13. The most important thing to remember when working with school-age children is. . .
14. If I could help child learn to do one thing it would be. . .
15. I am good working with children because. . .