

**ATTITUDE RESPECT N MANNERS LEARNING CENTER
EMPLOYMENT APPLICATION**

Application Date: _____

Applying for: Director Caregiver Cook/Driver

PERSONAL INFORMATION				
Name:	(Last)	(First)	(Middle)	Social Security Number:
Home Address:	(Street or P.O. Box)	(City)	(State)	(Zip)
Mailing Address: <i>(if different than above)</i>	(Street or P.O. Box)	(City)	(State)	(Zip)
Phone No.	Email:		Texas Driver's License #:	
U.S. Citizen / Authorized Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 yrs. or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:
In case of Emergency, please notify:	Name	Address		Phone No.

EMPLOYMENT / GENERAL HISTORY				
List most recent employer first				
Month / Year	Name / Address of Previous Employer	Position or Work Performed	Salary	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
May we contact previous Employer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever applied to ARM? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when? _____
Have you had Childcare or Preschool experience before? If Yes, Explain:				
Because monthly staff meetings and training is mandatory, would that be a problem? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been charged or currently with a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details _____				

REFERENCES				
List 3 individuals not related to you whom you have known for at least one year				
NAME	ADDRESS	HOME PHONE #	WORK/CELL #	RELATIONSHIP
1.				
2.				
3.				

EDUCATION / CERTIFICATION				
EDUCATION	SCHOOL / LOCATION	YEAR	GRADUATION / GED/DEGREE	SUBJECTS
High School				
College				
Special / Other				
Are you Certified in any of the following? If so, when?		List any other Certifications or Training that apply to this Job:		
<input type="checkbox"/> CPR	When? _____	Your ability to drive and do bus run is needed for any position. Will this be a problem? _____		
<input type="checkbox"/> AED	When? _____			
<input type="checkbox"/> First Aid	When? _____			

EMPLOYMENT APPLICATION (Cont'd)

YOUR SCHEDULE (Check all that apply)

When would you be able to work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either	What time can you work? <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> All Day	Which age group(s) are you most comfortable working with? <input type="checkbox"/> Infant (6wks-17mths) <input type="checkbox"/> Toddler (18-35mths) <input type="checkbox"/> Pre-School (3-5yrs)
What days & hours would you prefer to work?	Are there certain days or hours you <u>can't</u> work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
What Date can you start work? _____	Hourly Salary Desired: _____	

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No
 If yes, what is your condition and what can be done to accommodate your limitation?

You will be expected to read to the children, sing songs with them, play games, set up art activities, along with doing light duties, such as sweeping the floors, wiping over the toilets and sinks and cleaning any other area or toys the children may use. You will also need to change diapers, wipe running noses, help dress the children, and help with making/serving meals and snacks to the children.
 Is this something you would be able to do? Yes No

Do you have your own transportation? Yes No

There is no smoking in the building or on the property. Is this going to be a problem? Yes No

Do you have allergies? Yes No

Can you lift up to 20 pounds? Yes No

Do you have any back or knee injuries? Yes No

This job requires lifting of children who could weigh up to 20 pounds or more. It also requires that you go outside each day for about an hour, monitor and assist the children on the playground, and sit on the floor to play games with the children.
 Would you have a problem with any of the activities listed above? Yes No

Do you have any special skills that we should be aware of? Yes No
 If yes, please list them.

PLEASE READ AND SIGN

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

Further, I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that I may be required to take a physical examination as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Center and to release the Center, its directors, officers, agents or employees from any claim arising in connection with the use of such tests. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment for my wages and salary, be terminated at any time without prior notice.

Applicant Signature

Date

DO NOT WRITE IN THIS SECTION ~ FOR OFFICE USE ONLY

Hire Date _____ Position/Title: _____ Salary: _____
Date Reporting to Work: _____ Reporting to: _____ Class Assigned: _____
Approved by (Sign & Date): _____ Approved by (Sign & Date): _____
Approved by (Sign & Date): _____ Approved by (Sign & Date): _____