



ALPHABET ZONE EARLY STEAM CENTER
EMPLOYMENT/VOLUNTEER APPLICATION

Applicant Name (First, Middle and Last) _____

Address (City, State and Zip) _____

DOB: _____ Other cities lived in: _____

HM#: () _____ Cell#: () _____

Other Names used: _____

SS#: _____ - _____ - _____ TDL#: _____

TDL#: _____ STATE: _____ MALE _____ FEMALE _____

Hair Color Eye Color: Height: Weight:

Have you ever used any other names? _____ if yes list all _____

List Last 3 Jobs (Most Previous Job First)

Place of employment _____

Address (W/City, State and Zip) _____

Phone#: () _____ Dates Employed: _____ to _____

Supervisors Name: _____ Rate of Pay: \$ _____

Reason for Separation: _____

Place of employment _____

Address (W/City, State and Zip) _____

Phone#: () _____ Dates Employed: _____ to _____

Supervisors Name: _____ Rate of Pay: \$ _____

Reason for Separation: _____

Place of employment _____

Address (W/City, State and Zip) _____

Phone#: () _____ Dates Employed: _____ to _____

Supervisors Name: _____ Rate of Pay: \$ _____

Reason for Separation: _____

List 2 Personal References not related to you. Include a contact number and complete address.

1. _____

2. _____

Education

High School Attended	School Address/Ph#	Year Graduated
College or Trade School	School Address/Ph#	Year Graduated

If you did not graduate did you receive your GED? Yes or NO. Please attach HS Diploma or GED

List any training or education that you feel will be pertinent to the position that you are applying for:

Do you have current CPR and 1st Aid? _____

Is there any reason that you feel you would not pass a criminal history check? _____

If yes, explain: _____

If hired, what date will you be available to start work? _____

Desired Salary? _____ Hours Available: _____

Can you work rotating and split shifts? _____

Can you work a flexible schedule between the hours of 5:00 am until 7pm? _____

If necessary can you drive? _____

Will you have any children attending the center? _____ if yes, how many? _____

Signature

Date

PLEASE ATTACH THE FOLLOWING TO YOUR JOB APPLICATION

**COPY OF YOUR TEXAS DRIVERS LICENSE OR ID
COPY OF YOUR SOCIAL SECURITY CARD
CPR AND FIRST AID IF AVAILABLE
COPY OF HIGH SCHOOL DIPLOMA
AND ADDITIONAL TRAINING PERTINENT TO EMPLOYMENT**

PLEASE EMAIL ALL INFO TO AZONEKINGWOOD@GMAIL.COM AND CALL THE CENTER FOR IMMEDIATE CONSIDERATION FOR EMPLOYMENT.

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

CCL

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number				ID Type - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:							
Relationship of person to requestor							
<input type="checkbox"/> Adoptive Parent		<input type="checkbox"/> Caregiver		<input type="checkbox"/> Director		<input type="checkbox"/> Foster parent	
<input type="checkbox"/> Other Staff		<input type="checkbox"/> Staff		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Other:	
<input type="checkbox"/> Household Member		<input type="checkbox"/> Licensed Administrator					
For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated							
Date Hired /Used by the Operation/Agency		Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine			
				<input type="checkbox"/> Asian		<input type="checkbox"/> American Indian/Alaskan Native	
						<input type="checkbox"/> Native Hawaiian/ Pacific Islander	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number				ID Type - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
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<input type="checkbox"/> Other Staff		<input type="checkbox"/> Staff		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Other:	
<input type="checkbox"/> Household Member		<input type="checkbox"/> Licensed Administrator					
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				<input type="checkbox"/> Asian		<input type="checkbox"/> American Indian/Alaskan Native	
						<input type="checkbox"/> Native Hawaiian/ Pacific Islander	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			