



THE CARTWRIGHT SCHOOL

1647 Cartwright Road. Missouri City, TX 77489

Phone #: (281)437-6300 Fax: (281)437-6301

E-mail: tcschool1647@gmail.com

Have you or any other persons living with you ever been accused or convicted of child abuse and neglect?

Yes No

If yes, briefly explain: _____

Education

High School Attended:	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (include city, state, and zip code):	Phone #:
Major Field of Study / Degree	Years Completed

College Attended:	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (include city, state, and zip code):	Phone #:
Major Field of Study / Degree	Years Completed

Other Educational Institution:	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (include city, state, and zip code):	Phone #:
Major Field of Study / Degree	Years Completed

Employment History

(List three of your most recent employers in the past 5 years)

Current or Former Employer (most recent):	Dates of Employment (mo/yr):	
	From:	To:
Address (include city, state, and zip code):	Phone #:	
Ending Job Title:	Ending Compensation (<i>per hr/ wk/ month</i>):	Supervisor's Name:
Reason for Departure:		

May we contact this reference? Yes No

Former Employer:	Dates of Employment (mo/yr):	
	From:	To:
Address (include city, state, and zip code):	Phone #:	
Ending Job Title:	Ending Compensation (<i>per hr/ wk/ month</i>):	Supervisor's Name:
Reason for Departure:		

May we contact this reference? Yes No

For Office Use

Date Submitted: _____ Position: _____ Starting Pay: _____

Proceed: Yes or No Date of Hire/Start Date: _____ Date of Termination/Resignation: _____



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Multiple Languages, Applicable Experience, Special Studies

Languages Spoken and/or Written: _____

Special Areas of Study: _____

US Military Service: Branch _____ **Rank** _____

Still Active or Reserves? Yes No

Other Applicable Experiences and/or Skills: _____

Professional References

Name:	Years Known:	
Address (include city, state, and zip code):	E-mail Address:	
Home Phone #:	Cell Phone #:	Professional Position:

Name:	Years Known:	
Address (include city, state, and zip code):	E-mail Address:	
Home Phone #:	Cell Phone #:	Professional Position:

Name:	Years Known:	
Address (include city, state, and zip code):	E-mail Address:	
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Questionnaire

STAFF WEAR UNIFORMS MONDAY – THURSDAY

Would you be able to comply with our uniform policy? Yes No

FULL-TIME STAFF WORK FLEXIBLE HOURS AND ROTATE SHIFTS ON A WEEKLY BASIS

Would you be able to open the Center at 6:00AM? Yes No

Would you be able to close the Center at 6:30PM? Yes No

TCS GOES ON FIELD TRIPS DURING THE SCHOOL YEAR AND IN THE SUMMER

Do you have a valid Texas Driver's License? Yes No

YOUNGER CHILDREN OFTEN NEED HELP WITH POTTY TRAINING (such as changing pull-ups, underwear and cleaning the children)

Are you comfortable changing children who have soiled their clothes? Yes No

STAFF ARE **NOT** ALLOWED TO HAVE THEIR CELL PHONE ON HIS/HER PERSON (must be locked away or left in vehicle)

Would you be able to comply with our "No Cell Phone" Policy? Yes No

STAFF ARE REQUIRED TO HELP EACH OTHER AT ALL TIMES, YOU WILL BE REQUIRED TO SUPERVISE OTHER CLASSROOMS

Are you comfortable supervising other classrooms? Yes No

WE STRIVE FOR CLEANLINESS, YOU WILL BE REQUIRED TO DO SOME CLEANING

Are you comfortable cleaning the restrooms? Yes No

Are you comfortable sweeping, vacuuming and/or mopping floors? Yes No

Are you comfortable taking trash to the dumpster? Yes No

STAFF ARE REQUIRED TO PARTICIPATE IN ON-GOING EVENTS THROUGHOUT THE YEAR (calendar events, graduation, etc.)

Would you be able to participate in the events scheduled at the school? Yes No

STAFF ARE **REQUIRED** TO OBTAIN TRAINING HOURS (SOMETIMES AFTER HOURS OR ON WEEKEND)

Would you be able to participate in all mandatory trainings and meetings Yes No

Applicant Agreement

- I CERTIFY that the information presented in this application is accurate and true to the best of my knowledge.
- I AUTHORIZE The Cartwright School to examine all statements made in this application and to contact any references given, while releasing The Cartwright School from any liabilities and or damage caused.
- In the event of employment, I UNDERSTAND that should any statements made in this application or during the interview process proves to be false, that this may be grounds for immediate termination.
- I UNDERSTAND that there is no stated or implied minimum length of employment and if hired, I am an at-will employee and that my employment can be terminated at any time without prior notice or just cause.
- I CERTIFY that I am legally entitled to work in the United States and that all permits or forms of identification MUST BE currently valid.

Applicant Signature

Date

For Office Use

Date Submitted: _____ Position: _____ Starting Pay: _____

Proceed: Yes or No Date of Hire/Start Date: _____ Date of Termination/Resignation: _____