



- ✓ **PLEASE COMPLETE ALL PAGES OF THE APPLICATION FOR EMPLOYMENT FULLY AND LEGIBLY IN INK.**
- ✓ **RESUME AND SUPPORTING MATERIAL MAY BE ATTACHED; RESUME CANNOT BE USED TO REPLACE EMPLOYMENT HISTORY/APPLICATION.**
- ✓ **APPLICATION MAY BE SUBMITTED IN PERSON, BY MAIL, FACSIMILE, OR E-MAIL PROVIDED APPLICANT'S HANDWRITTEN SIGNATURE CAN BE TRANSMITTED.**
- ✓ **APPLICATIONS ARE ACCEPTED ONLY FOR POSTED POSITIONS**
- ✓ **APPLICATIONS AND SUPPORTING MATERIALS WILL NOT BE RETURNED**

Criminal background investigations will be conducted on all employees (working with children). Your signature on the application is your consent and authorization for Cen-Tex Family Services, Inc. (CTFS) or its authorized agent to conduct a criminal background investigation.

CTFS will consider applicants for all positions without regard to race, color, creed, national origin, religion, age (in accordance with laws and regulations), sex, marital status, veteran status or physical or mental handicap (except where a reasonable bona fide occupational qualification exists).

CTFS is an equal opportunity employer. (CTFS undertakes affirmative action to assure equal opportunity for underutilized minorities, women, and for persons with disabilities). CTFS policy is to be consistent with the provisions of applicable state and federal law.

**Our policies require that you must submit proof of your education when submitting an application for employment. *Applications without proof of education cannot be considered.* Necessary proof of education depends on the position for which you are applying. All positions minimally require graduation from high school or a GED.**

**Proof of education can include (depending on position):**

- 1.) A copy of your High School diploma, High School Equivalency or GED;**
- 2.) High School transcripts containing your graduation date;**
- 3.) College transcripts must be provided as evidence of college education; an “unofficial transcript” is acceptable. Transcripts are subject to Cen-Tex verification.**

**Completed applications may be submitted to:**

CTFS Human Resources Director  
2402 Main Street  
Bastrop, TX 78602  
(512)303-7737 ext. 12  
FAX: (512)303-6604  
[hrinfo@ctfhs.org](mailto:hrinfo@ctfhs.org)



Name \_\_\_\_\_  
Last Name First Name Middle

Address \_\_\_\_\_  
street city state zip

Home Phone \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

e-mail address \_\_\_\_\_

Position Applied For \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

Is any member of your family an employee or board member of Cen-Tex Family Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Give Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Give Date \_\_\_\_\_ Position \_\_\_\_\_

Have you ever had a child in the Head Start Program? \_\_\_\_\_ When/where? \_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No May we contact your present employer \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

\_\_\_\_\_ Yes \_\_\_\_\_ No Proof of citizenship or immigration status will be required upon employment.

Date available to start work? \_\_\_\_\_ Are you available to work: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary

Can you travel if job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Cen-Tex Family Services, Inc. must comply with the Texas Department of Human Services *Minimum Standards for Child-Care Centers, Head Start Standards, and company policies and procedures. The following questions are related to these guidelines:***

Are you 21 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid Texas driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, driver's license # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*\* In compliance with our company insurance and driver's eligibility policy, employees of Cen-Tex Family Services, Inc. must have a valid Texas driver's license and acceptable 3-year driving history. Driver's license checks will be conducted on new employees and annually thereafter.

Have you been convicted of a misdemeanor and/or felony within the last 10 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please explain \_\_\_\_\_

\*\* Conviction will not necessarily disqualify an applicant from employment. Criminal history checks will be conducted on all employees regularly working in the presence of children. Certain criminal convictions may preclude a person from being present in a center. These are described in the Minimum Standards for Child-Care Centers § 745.651.



EDUCATION	High School or GED	Undergraduate College/University	Graduate School	Vocational or additional education
School Name and Location				
Years Completed				
Diploma/Degree*				
Describe Course of Study				

*\*Proof of education is a requirement of employment (college transcripts must be submitted as evidence of college education)*

If you have college credit hours in Early Childhood Development, how many credit hours? \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_

List any certifications, licenses, etc. you possess that apply to your employment: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

List all languages/proficiency level you are able to:

Speak:

Read:

Write:

Please list any professional, trade, business or civic activities and offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, or handicap or other protected status:

**BUSINESS REFERENCES**

Give name, address and telephone number of three references familiar with your education, training, or professional experience. **Do not include family members or relatives.**

Name

Position

Complete Mailing Address

Phone Number (inc. area code)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



Have you ever had any job-related training in the United States military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please describe \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military services assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Telephone Number(s) \_\_\_\_\_ Name and position of immediate supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Date left \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Starting Final

Work Performed \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Telephone Number(s) \_\_\_\_\_ Name and position of immediate supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Date left \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Starting Final

Work Performed \_\_\_\_\_

Reason For Leaving \_\_\_\_\_



3. Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Telephone Number(s) \_\_\_\_\_ Name and position of immediate supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Date left \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Starting Final

Work Performed \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Telephone Number(s) \_\_\_\_\_ Name and position of immediate supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Date left \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Starting Final

Work Performed \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

5. Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Telephone Number(s) \_\_\_\_\_ Name and position of immediate supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Date left \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Starting Final

Work Performed \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving \_\_\_\_\_



**Special Skills and Qualifications**

Typing speed (estimated words per minute) \_\_\_\_\_

Computer Skills	Dates Used	Level of Proficiency
Hardware:		
Software:		

Use the space below to summarize other relevant experience, skills, and background. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Did You Learn About Us?

\_\_\_\_\_ Advertisement Where? \_\_\_\_\_ Friend \_\_\_\_\_ Walk-In \_\_\_\_\_  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

***Cen-Tex Family Services, Inc. is an Equal Opportunity Employer.***

***We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, or any other legally protected status.***



**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. By signing below, I authorize Cen-Tex to pursue verifying my employment record by contacting my employees, and references.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

If applying for driving position I understand that in the event that I may become uninsurable as a driver by the agency's vehicle insurance company, such uninsurability will be grounds for immediate dismissal from employment. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

In the event of an offer of employment, Cen-Tex requires applicants to obtain a basic medical exam and proof of freedom from tuberculosis.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Cen-Tex Family Services, Inc.  
Release of Liability**

I \_\_\_\_\_ do hereby authorize Cen-Tex Family Services to obtain information  
print name  
regarding my employment history. As a prospective employee, I understand the importance of verification of this information, and relieve you of liability in connection with the release of this information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Information to be released to: Cen-Tex Family Services, Inc.  
2402 Main Street  
Bastrop, Texas 78602  
Telephone 512-303-7737  
Fax 512-303-6604