***List of locations*: *Bastrop, Cedar Creek, Del Valle, Elgin, Giddings, La Grange, Smithville, and Eagle Lake***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Position Applying For:** | | |  | | | | | | | **Today’s Date:** |  |
| **Location:** |  | | | | | | | **How did you hear about us? (Mark below)** | | | |
| **Date Available to Start Work:** | | | |  | | | | Advertisement Billboard Social Media: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Full Time Part Time Temporary | | | | | | | | Employment Agency Walk-In | | | |
| Full-Time Center Hours are: **7:30 AM – 3:30 PM** Part-Time Center Hours will be less than 30 hours a week.  Temporary Hours are PRN (as needed). | | | | | | | | Current Employee: Name of Employee: | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **SECTION A: Applicant Information** *(For all telephone/cell numbers include area code.)***Name**  Last Name First Name Middle **Address**  |  |  |  |  | | --- | --- | --- | --- | | Street | City | State | Zip |  **Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-Mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **List any other names or last names used if different from name used in this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Are you currently employed**? YesNo, **If YES, answer the following:** | | | | | | | | | | | |
| **If still employed, can we contact your current employer?** | | | | | | | | Yes No | | | |
| If **YES,** please write the name of your supervisor**:** | | | | | | | |  | | | |
| Current work number and extension: (Include Area Code) | | | | | | | |  | | | |
| **Answer the following: If questions do not apply to you, please write: N/A.** | | | | | | | | | | | |
| Is any member of your family an employee or board member of Cen-Tex Family Services? If **YES**, write name: | | | | | | | | |  | | |
| Have you ever been employed with us before? If **YES**, list all dates: | | | | | | | | |  | | |
| Name of Position and Center: | | | | |  | | | | | | |
| Have you ever had a child in the Head Start Program? | | | | | | | YesNo | | | | |
| If **YES**, What year? | |  | | | | Which location? | |  | | | |

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

|  |  |
| --- | --- |
| **Are you 18 years of age or older?** | **Yes No** |
| **Can you travel if Job requires to?** | **Yes No** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **TX Driver’s License :** |  | **Expiration Date:** |  |

**>>>>If NO Texas Driver’s License Number, please provide Texas I. D. Information<<<<< below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TX I.D. Number:** |  | **Expiration Date:** |  |

**SECTION B: EDUCATION-MUST HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of School** |  |  | | | |  | **Credit Hours Completed** | **Diploma or Degree Awarded** | **Course of Study** |
|  | **Dates Attended** | | | | **Date** |
| **Name and Location**  **of School** | **From** | | **To** | | **Graduated or Expected Date** |
| **Mo.** | **Yr.** | **Mo.** | **Yr.** |  |
| **High School** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Colleges or Universities** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Trade Schools** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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

**SECTION C: OTHER INFORMATION**

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

**If YES, please describe**:

1. Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

1. List any certifications, licenses, etc. you possess that apply to your employment (i.e., CPR/1st Aid)

1. 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.

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

**SECTION D: LANGUAGES**

1. Do you speak a language other than English? (If required for this position) Yes No

If **YES**, what language(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How fluently? Fair Good Excellent

2. Do you write in a language other than English? (If required for this position) Yes No

If **YES**, what language(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How fluently? Fair Good Excellent

**SECTION E: BUSINESS OR PERSONAL REFERENCES (NOT RELATIVES)**

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

Name Relationship (i.e. Supervisor) Complete Mailing or E-mail Address Tel. No. (area code)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**SECTION F: WORK EXPERIENCE-LIST MOST RECENT JOB FIRST**

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

**Name of Current Employer**:

Address:

Street City State Zip

Position(s) Held:

## Dates Employed: \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. No. (area code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of Experience:

Reason for Leaving: May we contact employer? Yes No

**Name of Employer**:

Address:

Street City State Zip

Position(s) Held:

## Dates Employed: \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. No. (area code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of Experience:

Reason for Leaving: May we contact employer? Yes No

**Name of Employer**:

Address:

Street City State Zip

Position(s) Held:

## Dates Employed: \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No. (area code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of Experience:

Reason for Leaving: May we contact employer? Yes No

**Name of Employer**:

Address:

Street City State Zip

Position(s) Held: Dates Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. No. (area code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of Experience:

Reason for Leaving: May we contact employer? Yes No

**SECTION G: OTHER EXPERIENCE**

Use the space below to summarize other relevant experience, skills, and backgrounds.

**SECTION H: PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.**

I acknowledge that I understand the importance of providing complete and accurate information. 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 and educational history by contacting my listed employers, references, and educational institutions.

I understand that any job offer is contingent upon satisfactory results of a post-offer criminal background check and that results must be obtained by the agency prior to beginning employment. In addition, I understand that I must complete a post-offer job-related physical and Tuberculosis testing.

I further understand 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 a driving position, I understand that in the event that it is found that I am uninsurable as a driver by the agency’s vehicle insurance company for any reason, such insurability will be grounds for immediate dismissal from employment. In the event of employment, I understand that any 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 Standards of Conduct, policies, rules, and regulations of the employer and any governing agencies.

Signature of Applicant Date

Printed Name

**SECTION I: CEN-TEX FAMILY SERVICES, INC. RELEASE OF LIABILITY**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do hereby authorize Cen-Tex Family Services to obtain information

(PRINT NAME)

regarding my employment, criminal background, driving record, and educational history and other information provided in this Application for Employment. As a prospective employee, I understand the importance of verification of this information, and release Cen-Tex Family Services and its agents from liability in connection with the release of this information.

Signature Date

Social Security Number

Information to be released to: Cen-Tex Family Services, Inc.

Attn: Human Resources 2402 Main Street

Bastrop, Texas 78602

**SECTION J: APPLICANT EEO DATA FORM**

Completion of this form is optional and will not affect terms or conditions of employment and/or eligibility for employment. This information is being collected only for the purposes of PIR and EEO reporting.

Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino Non-Hispanic/Non-Latino Origin

**RACE:**

(Please check one of the descriptions below corresponding to the race with which you identify.)

**White -** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American -** A person having origins in any of the black racial groups of Africa.

**Hispanic or Latino Origin** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**American Indian or Alaska Native -** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Native Hawaiian or Other Pacific Islander** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Biracial/Multiracial -** A person who identifies with 2 or more races.

**Other** – A person reporting a race other than thos listed.

Specify Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unspecified** - A person whose ethnicity is unknown or who has declined to identify their ethnicity.

**Applicant Signature**:

**Date:**