

PLAYWORKS

Early Childhood & Youth Program

9589 Braun Rd. San Antonio, TX 78254

Employment Application

Personal Information

First Name: _____ Middle Name(s) _____ Last Name: _____

Male _____ Female _____ DOB: _____

Social Security Number _____

Street Address _____

Mailing Address _____

Home Ph: _____ Cell Phone: _____ Wk Ph: _____

Email: _____

How did you hear of our program?

Driver's license # _____ state _____ Do you have auto insurance?

Position Desired

(circle all that apply)

Room Lead teacher _____ Room Assistant teacher _____

Cook/break person _____ Supervisory _____

Desired Pay: _____ p/hour

Preferred Schedule:

(Number your top two preferred)

Part time 6 or less hours / mornings _____ full time opening person _____

Part time 4 or less hours / mid-day _____ full time closing person _____

Part time 6 or less hours / afternoons _____

Work Eligibility

Are you a United States citizen? Yes no

Are you available to work school holidays yes no

Are you 18 or older? Yes no

When will you be available to begin work? _____ / _____ (month/year)

Have you been convicted or pleaded no contest to a felony within the last five years? Yes no

If yes, please explain: _____

Have you been convicted of, pleaded guilty to, or pleaded no contest to an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last five (5) years? Yes no

If yes, please explain: _____

Do you have other special training or skills (additional spoken or written languages, computer software knowledge, special needs care/training, etc?) _____

Education:

High School _____ city _____ state _____

Highest grade completed: _____ degree or GED equivalent? Yes _____ No _____

College _____ City _____ state _____

Course of study: _____ # of years completed: _____

Did you graduate? Yes _____ No _____ Degree in: _____

If no, still completing: yes _____, projected date (mon/yr) of completion _____ / _____

Specialized training/certifications/licences:

Do you have first aid/CPR card? Yes_____ No_____

If yes, agency received by:_____ mon/year completed_____ / _____

Do you have a current CDA? Yes_____ No_____; first completed (month & yr) _____ / _____

CDA endorsement type: Infant/Toddler_____ preschool_____ School age_____ Family Child Care_____

Have you completed Military Child Development Certification Modules? Yes_____ No_____

Partially completed_____; if so, how many completed?_____

Employment History

Please give accurate and complete employment record. Start with present or most recent employer. Include military experience if applicable. Include stay at home parent if applicable.

Position #1

Company Name_____ City_____ State_____

Company Ph Number:_____

Job title:_____ Circle one: full-time part-time

Name of supervisor:_____ Number of employees you supervised _____

Employed (month and year) from:_____ to _____

Hourly Pay_____ or weekly pay_____ or monthly pay_____ or annual salary_____

Describe your work:_____

May we contact this employer? Yes_____ No_____

If not, why not? _____

Reason for leaving _____

Position #2

Company Name_____ City_____ State_____

Company Ph Number:_____

Job title:_____ Circle one: full-time part-time

Name of supervisor:_____ Number of employees you supervised _____

Employed (month and year) from:_____ to _____

Hourly Pay_____ or weekly pay_____ or monthly pay_____ or annual salary_____

Describe your work:_____

May we contact this employer? Yes_____ No_____

If not, why not? _____

Reason for leaving_____

Position #3

Company Name_____ City_____ State_____

Company Ph Number:_____

Job title:_____ Circle one: full-time part-time

Name of supervisor:_____ Number of employees you supervised _____

Employed (month and year) from:_____ to _____

Hourly Pay_____ or weekly pay_____ or monthly pay_____ or annual salary_____

Describe your work:_____

May we contact this employer? Yes_____ No_____

If not, why not? _____

Reason for leaving_____

Position #4

Company Name _____ City _____ State _____

Company Ph Number: _____

Job title: _____ Circle one: full-time part-time

Name of supervisor: _____ Number of employees you supervised _____

Employed (month and year) from: _____ to _____

Hourly Pay _____ or weekly pay _____ or monthly pay _____ or annual salary _____

Describe your work: _____

May we contact this employer? Yes _____ No _____

If not, why not? _____

Reason for leaving _____

Position #5

Company Name _____ City _____ State _____

Company Ph Number: _____

Job title: _____ Circle one: full-time part-time

Name of supervisor: _____ Number of employees you supervised _____

Employed (month and year) from: _____ to _____

Hourly Pay _____ or weekly pay _____ or monthly pay _____ or annual salary _____

Describe your work: _____

May we contact this employer? Yes _____ No _____

If not, why not? _____

Reason for leaving _____

Additional Information:

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops and special achievement or specialized skills you have or perform: _____

References:

List names, contact information and relationships of three people not related to your who know your qualifications:

Name: _____
Daytime number: _____
Evening number: _____
Relationship: _____

Name: _____
Daytime number: _____
Evening number: _____
Relationship: _____

Name: _____
Daytime number: _____
Evening number: _____
Relationship: _____

If you have a resume, please attach a copy with your application.

Thank you for your interest and I look forward to speaking more!

Ms. Margie Bulger