

Application For Employment

Last Name		First	Middle	Date	
Street Address				Home Phone	
City		State	Zip	Business Phone	
Position Desired				Pay Expected	
Special Skills or Training (may be attached in resume)				Hours you desire to work.	
Personal Physician		Phone Number		Social Security #	
Person to contact in case of an emergency.				Phone Number	
EDUCATION	Name & Location of School	Course of Study	# of years completed	Did you graduate?	Degree or Diploma
College					
High School					
Elementary					
Other					
EMPLOYMENT RECORD (List last 3 positions held)					
Employer		Position Held		Date	
1					
2					
3					
REFERENCES (Unrelated)					
Name		Address		Phone Number	
1					
2					
3					
Please attach 3 letters of reference to this application.					
Do you have any of the following certifications?					
Comal County Health Card or Food Handlers Permit.		Yes ___ No ___	Expiration Date _____		
CPR		Yes ___ No ___	Expiration Date _____		
First Aid		Yes ___ No ___	Expiration Date _____		
Lifesaving		Yes ___ No ___	Expiration Date _____		
Other Certifications			Expiration Date _____		

I _____, have not been convicted of a felony or misdemeanor classified as an offense against me or my family, a felony or misdemeanor classified as public indecency, or a felony violation of any law intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act.

"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."

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF _____
COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(seal, if any, of notarial officer)

My commission expires: _____