



Enchanted Children's Academy Application

Date: _____ Cell Phone Number: () _____ Date of Birth: _____
First Name: _____ Middle: _____ Last Name: _____
Email Address: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Soc. Sec. Number: _____ Driver's License Number: _____

Requirements:

Do you have any of the following items (if not are you willing to get them ASAP):

★ Diploma/GED	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Copy received: _____
★ SSN/ID	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Copy received: _____
★ Clear Criminal History	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Date submitted: _____
★ CPR/FA	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Expiration: _____
★ Food Handlers	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Expiration: _____

Education:

High School: _____ City: _____
State: _____ Date graduated: _____

College: _____ City: _____
State: _____ Date graduated: _____

List any degree, certifications, special trainings or credentials you have completed:

Employment History:

Please list below your three most recent employers, beginning with the most recent.

1. Company: _____ Address: _____
Supervisor: _____ Phone Number: () _____
Date Started: _____ Date Left: _____
Job Title: _____ Salary or Wage: _____
Job Duties: _____

2. Company: _____ Address: _____
Supervisor: _____ Phone Number: () _____
Date Started: _____ Date Left: _____
Job Title: _____ Salary or Wage: _____
Job Duties: _____

3. Company: _____ Address: _____
Supervisor: _____ Phone Number: () _____
Date Started: _____ Date Left: _____
Job Title: _____ Salary or Wage: _____
Job Duties: _____

Please answer the following questions:

1. Have you ever worked for a licensed childcare center before?

Yes: ☐ No: ☐ If yes, where at? _____ How long? _____

What age groups? _____ Briefly describe your job duties? _____

2. What type of position are you seeking? Part time: ☐ Full Time: ☐

3. Are you able to work Mon thru Fri, between the hours of 7 am to 6 pm?

Yes: ☐ No: ☐ If not, what hours are you available to work? _____

4. Are you available to attend trainings after work hours? Yes: ☐ No: ☐

5. What date are you available to start work? _____

6. Do you require any childcare for your children? Yes: ☐ No: ☐

7. What is your desired salary? _____

8. Are you comfortable with communicating with parents about their children?

Yes: ☐ No: ☐

9. Are you open to constructive criticism? Yes: ☐ No: ☐

10. Are you willing to:

a. Potty-train & change diapers? Yes: ☐ No: ☐

b. Clean restrooms? Yes: ☐ No: ☐

c. Sweep & mop? Yes: ☐ No: ☐

d. Help other staff with cleaning duties? Yes: ☐ No: ☐

11. Are you able to follow classroom schedules and curriculum? Yes: ☐ No: ☐

12. What do you like and dislike about childcare?

13. What would you do if you had a child who does not sleep during naptime?

14. What would you do if 2 children were arguing over a toy?

15. What would you do during naptime?

16. Are you able to perform our caregivers job duties which include sweeping, mopping, vacuuming, bending, reaching, lifting a child for diaper changing, keeping up with children's activities such as recess, aerobics, dancing & singing? Yes: ☐ No: ☐ If not, please explain why -----

I certify that I have read and fully completed this form and that the information contained herein is correct to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I authorize my previous employers on this form to give you any and all information concerning my previous employment and pertinent information they may have personal and otherwise. Enchanted Children's Academy is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veteran's status.

Applicant Signature: _____ Date: _____

Individual's Identifying Information

☐ Initial ☐ Renewal ☐ Fingerprint Check Required ☐ FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name
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List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results.

Other First Names	Other Middle Names	Other Last Names
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Address (Street, City, State, ZIP Code)			
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County	Area Code and Telephone No.	Date of Birth	Gender: <input type="radio"/> Male <input type="radio"/> Female
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List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.

Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	Race <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native
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Social Security No.	Photo ID Type: <input type="checkbox"/> Driver License: No. _____ State _____ <input type="checkbox"/> State ID: _____ <input type="checkbox"/> Passport: _____	<input type="checkbox"/> Canadian SIN: _____ <input type="checkbox"/> Military ID: _____ <input type="checkbox"/> Permanent Resident Card: _____
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Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

☐ Email _____ ☐ Area Code and Telephone No. _____

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:					
<input type="radio"/> Adoptive Parent	<input type="radio"/> Contracted Service Provider	<input type="radio"/> Director	<input type="radio"/> Foster Parent	<input type="radio"/> Foster/Adoptive Parent	
<input type="radio"/> Household Member	<input type="radio"/> Frequent/Regular Visitor	<input type="radio"/> Licensed Administrator	<input type="radio"/> Owner/Permit Holder		
<input type="radio"/> Staff/Employee	<input type="radio"/> Unverified Respite Provider	<input type="radio"/> Volunteer			

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

☐ Relative ☐ Fictive Kin ☐ Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?..... ☐ Yes ☐ No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

☐ 0 – 17 months ☐ 18 months – 2 years ☐ 3 years – 4 years ☐ 5 years – 13 years ☐ 14 years – 17 years
☐ Over 17 years ☐ N/A