

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)

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



Employment Application

12310 RANCH ROAD 620 NORTH • AUSTIN, TX 78750 • PH: 512.331.2075 • FAX: 512.257.0127 • INFO@AUSTINCHILDRENSACADEMY.ORG

Please print in black ink or type all information. Fill out the application form. Resumes will not be accepted in lieu of applications. Austin Children's Academy is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Date of application _____

PERSONAL INFORMATION

Name _____

Address _____

Phone _____ Mobile _____

Email _____

Social Security Number _____ Birth date _____

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony or misdemeanor charge?

No Yes If yes, please explain in detail _____

What prompted you to apply at Austin Children's Academy? Advertisement Own Accord

Referred Employee Referral If so, who? _____

EMPLOYEE POSITION DESIRED (Teachers must be 18 years or older)

Please specify the position you are applying for: _____

- Regular Paid Position
- Work-Study Student
- Student Intern Volunteer
- Parent Volunteer
- Substitute
- Other _____

Please indicate hours when you would be available:
Full Time or Part Time? _____

	Mon.	Tues.	Wed.	Thurs.	Fri.
A.M.					
P.M.					

During which time(s) of year could you commit to Austin Children's Academy?

- Academic year (August-May) Summer Session (June-July- August) Year-round

When could you report for work? _____

What is your desired pay? _____

EDUCATION & PROFESSIONAL QUALIFICATIONS

High School _____

School's Address _____

Do you have a high school diploma or GED? No Yes

ExtracurricularActivities(Clubs,Athletics,etc) _____

University or College(s): _____

School's Address: _____

Years Attended _____ Date Graduated (or date expected) _____

Undergraduate Major _____ Degree (or units completed if no degree) _____

ExtracurricularActivities(Clubs,Athletics,etc) _____

Graduate School(s): _____

School's Address: _____

Years Attended _____ Date Graduated (or date expected) _____

Undergraduate Major _____ Degree (or units completed if no degree) _____

ExtracurricularActivities(Clubs,Athletics,etc) _____

Montessori Education Training School(s): _____

School's Address: _____

Years Attended _____ Date Graduated (or date expected) _____

Affiliation _____ Certification (or units completed if not certified) _____

Are you planning to further your education? No Yes When? _____

Please list below any course work taken or currently enrolled in which you feel is especially relevant to the position for which you are applying. Include courses in child development, in specific curriculum areas (e.g., art, music) and courses in educational theory or philosophy.

Course Title & Description	Where Taken	Date Completed	Units*

*Specify quarter or semester units

Special training/skills/qualifications/certifications: (List all job related training, skills, and/or certificates; attach additional pages if necessary)

******* All education transcripts will be required prior to hiring. *******

Do you speak and/or write in a language other than English? Yes No

If yes, what language(s) and how fluent are you? _____

STATEMENT OF PURPOSE

Please indicate briefly why you are interested in the position applied for and how it would fit into your career plans. Indicate what previous contacts you have had with Montessori schools, whether you are acquainted with Montessori theories of education, and what reason you might have, if any, for wanting specifically to work in a Montessori school.

WORK HISTORY/REFERENCES

List your work experience in its entirety, beginning with your present or last job in reverse order. Be sure to include appropriate military experience. Put a * if the job gives you specific experience in the position for which you are applying. If you need more space, please use a separate sheet of paper.

Employer _____ Dates Employed: From ___ / ___ / ___ To ___ / ___ / ___

Address _____
Street City, State Zip

Phone (_____) _____ Supervisor's Name & Title _____

Job Status: Full Time Part-time Temporary Average number of hours worked per week _____

Your Title _____ Hourly Rate/Salary: \$ _____ start \$ _____ final

Describe Work Performed _____

Reason for Leaving _____

Employer _____ Dates Employed: From ___ / ___ / ___ To ___ / ___ / ___

Address _____
Street City, State Zip

Phone (_____) _____ Supervisor's Name & Title _____

Job Status: Full Time Part-time Temporary Average number of hours worked per week _____

Your Title _____ Hourly Rate/Salary: \$ _____ start \$ _____ final

Describe Work Performed _____

Reason for Leaving _____

Employer _____ Dates Employed: From ___ / ___ / ___ To ___ / ___ / ___

Address _____
Street City, State Zip

Phone (_____) _____ Supervisor's Name & Title _____

Job Status: Full Time Part-time Temporary Average number of hours worked per week _____

Your Title _____ Hourly Rate/Salary: \$ _____ start \$ _____ final

Describe Work Performed _____

Reason for Leaving _____

Name three (3) personal references not related to you and not a previous employer:

- 1. Name _____ Relationship _____
Address _____ Phone _____
- 2. Name _____ Relationship _____
Address _____ Phone _____
- 3 Name _____ Relationship _____
Address _____ Phone _____

I give Austin Children's Academy the right to investigate all work history/personal references. Furthermore, I give Austin Children's Academy the right to verify any educational reference given in this application. I hereby release from liability Austin Children's Academy and its representatives for seeking such information and all other corporations, educational institutions, individuals or organizations for furnishing such information. _____ **Initial here**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. _____ **Initial here**

In the event of my employment by Austin Children's Academy, I agree to abide by all present and subsequently issued rules, policies and programs of Austin Children's Academy. _____ **Initial here**

I understand that I must provide a 60-day notice prior to my resignation and Austin Children's Academy reserves the right to terminate my employment at any time, with or without cause, and without prior notice. _____ **Initial here**

I understand that I must have my fingerprints on file with the Department of Social Services and/or the Department of Justice, before any contact with children, and I must also have a current physical with TB test. I understand that all costs for fingerprinting and physical will be reimbursed to me upon employment. If I leave employment, for any reason, during the first 30 days, I understand that I will be responsible for all costs for fingerprinting and physical and that Austin Children's Academy will deduct all costs, reimbursed to me for fingerprinting and physical, from my final paycheck.
_____ **Initial here**

Signature of Applicant _____ Date _____