

# Achievers of Excellence Learning Academy

## Employment Application

Full Name: <b>(First, Middle, Last)</b>	Home Ph:	Cell Ph:	
Current Address:	City	Zip Code	DOB:
Soc. Sec. #:	Driver's Lic# or ID <b>(circle)</b>	Email:	

Have you gone by any other name? \_\_\_\_\_

Have you lived in other cities? [ ] No [ ] Yes, please list \_\_\_\_\_

Have you lived outside of Texas or any other county, if so where & when? \_\_\_\_\_

Thank you for choosing A.O.E.L.A. in our career path. We are dedicated to hiring professionals who are energetic, motivated, and possess integrity. This is an Equal Opportunity Employer. Applicants must show they understand and are able to meet the following requirements for employment by initializing each item below.

- \_\_\_\_\_ High School Graduate or G.E.D. recipient
- \_\_\_\_\_ Negative TB Text and will provide current medical documentation
- \_\_\_\_\_ United States Citizen, or legally authorized to work in the United States
- \_\_\_\_\_ Will provide Social Security Card or Birth Certificate
- \_\_\_\_\_ Will submit to drug and alcohol testing as required
- \_\_\_\_\_ Will complete an FBI Criminal Background Check
- \_\_\_\_\_ Physically able to safely supervise young children and perform necessary job functions
- \_\_\_\_\_ Will maintain professional appearance and conduct at all times

### GENERAL INFORMATION

Employment Desired: \_\_\_ Full-time only \_\_\_ Part-time only \_\_\_ Full or Part-time \_\_\_ On Call

Position Desired: \_\_\_\_\_

Hourly Rate Desired: \_\_\_\_\_

Hours available: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

Are you seeking temporary or permanent work?

\_\_\_\_\_

Name	Address	Phone Number	Relationship (ie. Co-worker, friend)	E-mail

**EDUCATIONAL EXPERIENCE**

High School attended/address/year graduated \_\_\_\_\_

College attended/Degree or number years completed/Major \_\_\_\_\_

Child Development Associate Certification \_\_\_\_\_

List courses completed or relevant childcare training (CPR, First Aid, Child Development, etc.) : \_\_\_\_\_

List other skills, vocational , and technical training \_\_\_\_\_

**Yes [ ] No [ ]** I authorize Achievers of Excellence Learning Academy to contact past employment and references

Begin/End Date	Begin/End Salary	Employer/Address	Supervisor's Name & Phone #	Your Title & Duties	Reason for Leaving
			E-mail:		
			E-mail:		
			E-mail:		

**OFFENSES – Criminal background checks will be conducted on all applicants.**

Have you ever pled guilty, no contest or been convicted of any criminal offense? If yes, explain: \_\_\_\_\_

Has a report of child maltreatment ever been made against you? If yes, explain: \_\_\_\_\_

Has a court ever denied parental, custodial, or visitation rights as a result of neglect or abuse of a child? If yes, explain: \_\_\_\_\_

While employed in a childcare program, have you ever been the subject or disciplinary action or been responsible for a child care facility receiving an administrative or disciplinary action? If yes, explain: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What are your career goals and objectives?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why should A.O.E.L.A hire you? \_\_\_\_\_

Would you hurt a child? \_\_\_\_\_

3. Define PROFESSIONAL CONDUCT. How does it apply to a child care/learning academy program?

\_\_\_\_\_  
\_\_\_\_\_

4. Define CUSTOMER SERVICE and how it relates to a child care/learning academy program? \_\_\_\_\_

5. Describe your position on guidance as it relates to 3-year-old children arguing over a toy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. **(Print Please)**

I hereby certify that all information contained in this application is true and correct. I understand that any misrepresentation, falsification, or consequential omission of information may render this application void, or if employed may result in immediate termination. I further consent and agree to submit to any job related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests. I authorize the individuals and institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

\_\_\_\_\_

**Printed Name/Signature of Applicant**

\_\_\_\_\_

**Date**

**Office Use Only:**

<b>Date Submitted:</b>	<b>Time:</b>	<b>Position:</b>
<b>Director Proceed</b> +    or    - <b>Interview:</b>		<b>Date Hired:</b>