



## PERSONAL INFORMATION

Full Name		Date
Home Address		Telephone
Social Security No.	Driver's License #	E-mail
Position Applied For	Hours available for work	Rate of Pay Desired

Are you 18 years or older? Yes \_\_\_\_ No \_\_\_\_  
 Do you have any physical disabilities that would hinder you from lifting a small child or limit your job performance in the position for which you are applying? Yes \_\_\_\_ No \_\_\_\_  
 If yes, please explain \_\_\_\_\_

Are you legally allowed to work in the United States? Yes \_\_\_\_ No \_\_\_\_  
 Have you ever been convicted of a felony, or been involved with a child abuse or neglect court action or official investigation? YES \_\_\_\_ NO \_\_\_\_  
 If yes, please explain \_\_\_\_\_

## EDUCATION

Do you have a high school diploma? \_\_\_\_\_  
 Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

NAME OF SCHOOL (University, College, Technical or vocational)	LOCATION CITY AND STATE	DATES ATTENDED				GRADUATED		TYPE OF DIPLOMA	MAJOR FIELD OF STUDY
		From		To		Yes	No		
		Mo.	Yr.	Mo.	Yr.				

Please list any other experience or special training you have had that you feel qualifies you for this position:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please give your reasons for seeking a position in early childhood education.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any hobbies or special interests:  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY AND EXPERIENCE

Please list all positions held within the last five years beginning with most recent first.

DATES EMPLOYED		EMPLOYER	ADDRESS	POSITION	Full Time	Part Time	End Salary
FROM	TO						

Describe the duties of each position listed above

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Reason for leaving most recent job: \_\_\_\_\_

## REFERENCES

List the names, addresses and telephone numbers of three character references

Names	Address	Telephone No.

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I hereby authorize Woodlands Tree House Preschool and the Texas Department of Family and Protective Services to contact the persons listed on this form and seek verification of any and all information I have provided, including any criminal background checks required by the State of Texas. I understand that if any information is found to be false, it will be considered sufficient for denial of employment.

_____ Signature	_____ Date
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