

# Guiding Hands Christian Academy

FIRST NAME	MIDDLE	LAST	TODAY'S DATE
ADDRESS			POSITION APPLYING FOR
CITY	STATE	ZIP	CELL PHONE
EMAIL ADDRESS			ARE YOU 18 YRS OR OLDER?

DAYS/HOURS AVAILABLE TO WORK: \_\_\_\_\_

WHAT TIMES ARE YOU NOT AVAILABLE TO WORK? \_\_\_\_\_

DATE YOU CAN BEGIN: \_\_\_\_/\_\_\_\_/\_\_\_\_ SALARY REQUESTED: \$\_\_\_\_/HOUR

WILL YOU ACCEPT?

FULL TIME       PART-TIME       TEMPORARY       AS NEEDED/SUBSTITUTE

## EDUCATION AND TRAINING

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.?  YES  NO    DATE: \_\_\_\_/\_\_\_\_

CHILDCARE RELATED COURSES AND TRAINING: \_\_\_\_\_

DO YOU HAVE A CURRENT CDA?  YES       NO

DO YOU HAVE A VALID TEXAS STATE DRIVER'S LICENSE?  YES       NO

DO YOU HAVE A TEXAS FOOD SERVICE HANDLER PERMIT?  YES       NO

ARE YOU WILLING TO PREPARE FOOD IF NEEDED?  YES       NO

DO YOU HAVE A CURRENT FIRST AID/CPR CARD?  YES       NO

## BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES       NO

HAVE YOU EVER BEEN FINGERPRINTED IN ORDER TO WORK AT A FACILITY?  YES       NO

DO YOU HAVE EXPERIENCE WORKING IN A CHILDCARE SETTING?  YES       NO

## PREVIOUS EMPLOYMENT

START WITH YOUR PRESENT OR LAST JOB

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NAME OF EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BEGINNING WAGE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ ENDING WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_

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NAME OF EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BEGINNING WAGE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ ENDING WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_

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NAME OF EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BEGINNING WAGE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ ENDING WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_

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## PERSONAL REFERENCES

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

## PRE-INTERVIEW QUESTIONNAIRE

PLEASE INCLUDE THIS QUESTIONNAIRE ALONG WITH YOUR APPLICATION. FEEL FREE TO USE ADDITIONAL PAPER IF NEEDED.

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1. IN YOUR OWN WORDS, PLEASE DESCRIBE ELEMENTS YOU FEEL MAKE A QUALITY EARLY CHILD DEVELOPMENT CENTER.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
2. WHAT QUALITIES DO YOU FEEL A TEACHER SHOULD POSSESS? PLEASE LIST IN THE ORDER OF IMPORTANCE TO YOU.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
3. OF THE QUALITIES YOU LISTED, WHICH DO YOU FEEL YOU EXCEL IN AND WHY?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
4. GIVE YOUR DEFINITION OF A TEAM PLAYER AND AN EXAMPLE OF HOW YOU PERSONIFY THAT DEFINITION.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
5. TELL US HOW GUIDING HANDS CHRISTIAN ACADEMY FITS INTO YOUR LIFE GOALS.

I AUTHORIZE THE INVESTIGATION OF ALL MATTERS WHICH GUIDING HANDS CHRISTIAN ACADEMY DEEMS RELEVANT TO MY QUALIFICATIONS FOR EMPLOYMENT. THIS INCLUDES ALL STATEMENTS MADE IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION AND I RELEASE FROM ALL LIABILITY AND PERSONS (SUCH AS FORMER SUPERVISORS OR EMPLOYERS) SUPPLYING IT. I ALSO RELEASE GUIDING HANDS FROM ALL LIABILITY, WHICH MIGHT RESULT FROM MAKING THE INVESTIGATION.

I CERTIFY THE FACTS AND INFORMATION IN THIS APPLICATION AND IN ANY ATTACHMENT OR SUPPORTING DOCUMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMMISION, AS WELL AS ANY MISLEADING SATEMENT OR OMMISIONS, WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION, REGARDLESS OF WHEN OR HOW DISCOVERED.

I HAVE READ EACH OF THE ABOVE STATEMENTS. I HAVE ALSO REVIEWED ALL OF THE INFORMATION I PROVIDED IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS.

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SIGNATURE

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DATE