



**EMPLOYMENT EXPERIENCE**

<b>Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title            Supervisor	Starting	Final	
Reason for Leaving			
<b>Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title            Supervisor	Starting	Final	
Reason for Leaving			
<b>Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title            Supervisor	Starting	Final	
Reason for Leaving			
<b>Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title            Supervisor	Starting	Final	
Reason for Leaving			
<b>Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title            Supervisor	Starting	Final	
Reason for Leaving			

*Equal Opportunity Employer*

## VOLUNTEER EXPERIENCE

<b>Place/Name of Volunteer Hours:</b>	Dates of Volunteer Hours		Nature of Volunteer Hours
Address	From	To	
Person in Charge: Title:	Telephone No.		Approximate number of Volunteer Hours with this Place:
<b>Place/Name of Volunteer Hours:</b>	Dates of Volunteer Hours		Nature of Volunteer Hours
Address	From	To	
Person in Charge: Title:	Telephone No.		Approximate number of Volunteer Hours with this Place:
<b>Place/Name of Volunteer Hours:</b>	Dates of Volunteer Hours		Nature of Volunteer Hours
Address	From	To	
Person in Charge: Title:	Telephone No.		Approximate number of Volunteer Hours with this Place:
<b>Place/Name of Volunteer Hours:</b>	Dates of Volunteer Hours		Nature of Volunteer Hours
Address	From	To	
Person in Charge: Title:	Telephone No.		Approximate number of Volunteer Hours with this Place:
<b>Place/Name of Volunteer Hours:</b>	Dates of Volunteer Hours		Nature of Volunteer Hours
Address	From	To	
Person in Charge: Title:	Telephone No.		Approximate number of Volunteer Hours with this Place:
<b>Place/Name of Volunteer Hours:</b>	Dates of Volunteer Hours		Nature of Volunteer Hours
Address	From	To	
Person in Charge: Title:	Telephone No.		Approximate number of Volunteer Hours with this Place:
<b>Place/Name of Volunteer Hours:</b>	Dates of Volunteer Hours		Nature of Volunteer Hours
Address	From	To	
Person in Charge: Title:	Telephone No.		Approximate number of Volunteer Hours with this Place:

*Equal Opportunity Employer*

**OTHER QUALIFICATIONS:** Summarize special job related skills and qualifications acquired from employment or other experience.

**PERSONAL DATA**

You are invited to identify any existing physical or mental condition that may affect your ability to perform the job under consideration. Do you have a physical or mental condition? Yes  No  If yes, what can reasonably be done to accommodate your special needs?

---

Have you ever been convicted, had a conviction adjudicated, paid a fine, or been placed on probation for any offense during the past 10 years? Yes  No

If yes, list all such offenses and state date and disposition. (You may omit minor traffic violations for which you paid a fine of \$50.00 or less.)

---

List all Licenses you hold

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Specify other equipment you operate

---

**MILITARY SERVICE**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge

---

**PERSONAL REFERENCES**

Give the names and addresses of three persons, other than relatives, who have knowledge of your character, experience or ability. Any offer of employment is conditional upon receipt of these references. Failure to provide accurate and complete information may result in termination of employment.

Name Address Telephone

Name Address Telephone

Name Address Telephone

In accordance with Texas State Day Care Licensing and Federal Head Start Standards requirements, North Texas Parent and Child Development, Inc. (NTPCDI), conducts a complete background check, physical, drug screen, and TB Tine Test. Employment with NTPCDI hinges on the successful outcome of these tests.

By my signature I am indicating I have been informed of these requirements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I certify that I have made no willful misrepresentations in this application, nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission (given by my signature below), and that any misrepresentation may cause my application to be rejected.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with this organization is of an *AT WILL* nature, which means that the Employee may resign at any time, and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this *AT WILL* employment relationship may not be changed by any written document, or by conduct unless such change is specifically acknowledged in writing and executed by an authorized representative of the Employer.

I also understand that this appointment will be at the discretion of the Executive Director, subject to the approval of the Board of Directors of the North Texas Parents & Child Development, Inc. Early Head Start Program., and the North Texas Parents & Child Development, Inc. Early Head Start Program Policy Council. I understand that this application is the property of the North Texas Parent & Child Development, Inc. Early Head Start Program, and that it will become a part of my confidential file if I am accepted for employment. I understand that if employed I will serve an initial probationary period of 180 days.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

-----  
PERMISSION

I have applied for employment with the North Texas Parent & Child Development, Inc. Early Head Start Program. I hereby give the North Texas Parent & Child Development, Inc. Early Head Start Program permission to make inquiries of references and former employers concerning my performance and general character. This permission form may be attached to requests for information, and I hereby authorize the party receiving this information to give full and complete information, as may be requested by the North Texas Parent & Child Development, Inc. Early Head Start Program. I understand and agree that if I am hired, the information requested will become a part of my personnel file, and that the information received be treated as "confidential" by the North Texas Parent & Child Development, Inc. Early Head Start Program. A photocopy of this authorization is considered as valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Equal Opportunity Employer*

5

**Applicant Affidavit**

**I hereby swear and affirm that no member of my family (as defined below) is an employee, Board Member, or Policy Council Member of the North Texas Parents & Child Development, Inc. Early Head Start Program. I further understand that while I am employed. I, nor any member of my family, can hold such office.**

**A “family member” shall be considered husband, father, mother, wife, daughter-in-law, sister, brother, son, daughter, father-in-law, mother-in-law, brother-in-law, or sister-in-law.**

---

**Signature**

---

**Date**

*Equal Opportunity Employer*

**AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A  
CHILD-CARE FACILITY OR REGISTERED FAMILY HOME**

**APPLICATION FOR EMPLOYMENT with a child-care facility, residential and day-care, or registered family home whose employment or potential employment with the facility or registered family home involves the opportunity for or the direct interaction with children must execute and submit the following affidavit with the application for employment:**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

**I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile been convicted of; pleaded guilty to (whether or not resulting in a conviction); pleaded nolo contendere or no contest to; admitted; had any judgment or order rendered against me (whether by default or otherwise); entered into any settlement of an action or claim of; had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of; been diagnosed as having or have been treated for any mental or emotional condition arising from; resigned under threat of termination of employment or volunteerism for; had a report of child abuse or neglect made and substantiated against me for; or have any pending criminal charges against me for, in this or any other jurisdiction for any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction): any felony; rape or other sexual assault; physical, sexual, emotional abuse and/or neglect of a minor; incest; exploitation, including sexual, of a minor; sexual misconduct with a minor; molestation of a child; lewdness or indecent exposure; lewd and lascivious behavior; obscene or pornographic literature, photographs, or videos; assault, battery, or any violent offense involving a minor; endangerment of a child; any misdemeanor or other offense classification involving a minor or to which a minor was a witness; unfitness as a parent or custodian; removing children from a state or concealing children in violation of a court order; restrictions or limitations on contact or visitation with children or minors; any type of child abduction; or similar or related conduct, matters, or things.**

**Except the following (list all incidents, location, description, and date) If none, write NONE.**

**The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

*Equal Opportunity Employer*