

Employee Applicant Documents

Applicants NAME (First Last): _____

Meadowbrook Preschool will need a copy of the following for your employee file (if applicable when applying):

- High School Diploma or GED (or proof of current enrollment in GED program)
- College Diploma (if applicable)
- Early Childhood Credentials (if applicable)
- Social Security Card
- Drivers License or State Issued I.D.
- First Aid/CPR Certification (if current)



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE

NAME (last name first)	Social Security Number / /
PRESENT ADDRESS	CITY/STATE/ZIP CODE
PERMANENT ADDRESS	CITY/STATE/ZIP CODE
PHONE NO. () -	REFERRED BY

EMPLOYMENT DESIRED

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED ☐ YES ☐ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO	
EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☐ NO	WHAT POSITION DID YOU APPLY FOR?	WHEN?
Are you applying for full time employment? ☐ YES ☐ NO	Are your hours flexible? ☐ YES ☐ NO	What hours are you available?
Are you at least 18 years of age? ☐ YES ☐ NO		

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

CHILDCARE EXPERIENCE

Briefly describe your background that involved working with children.

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH
WORK OR SPECIAL TRAINING SKILLS

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

Continued on other side

APPLICATION FOR EMPLOYMENT

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	Phone Number

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY AND/OR MISDEMEANOR INCLUDING DEFERRED ADJUDICATION? ☐ YES ☐ NO

ARE THERE ANY PENDING CHARGES AGAINST YOU? ☐ YES ☐ NO IF YES, PLEASE DESCRIBE

***THE TEXAS DEPARTMENT OF FAMILY & PROTECTIVE SERVICES REQUIRES THAT ALL LICENSED CHILDCARE FACILITIES PERFORM A CRIMINAL BACKGROUND CHECK ON ALL POTENTIAL EMPLOYEES.**

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

-----DO NOT WRITE BELOW THIS LINE-----

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	ROOM	POSITION	STARTS	SALARY

Approval: 1) _____ 2) _____
DIRECTOR DIRECTOR, BUSINESS SERVICES

Meadowbrook Preschool

Annual Background check Information Update/Tax Info Update

Date: _____

Full Name: _____ **DOB** _____

Gender _____ **Social Security Number** _____

DL # _____ **Issuing State** _____

Phone Number: _____

Email Address: _____

Physical Address: _____

County of residence: _____

Mailing Address: _____

Previous Names starting with maiden name:

Where were you born? _____

Hair Color _____

Eye Color _____

Height _____

Weight _____

Race _____
(W,B,A,I,O)

Ethnicity _____
(Hispanic or Non-hispanic)

Skin Tone _____

How many dependents are you claiming this year? _____

Signature

Date

**Pre-Employment Affidavit for Applicants for
Employment at Certain Child Care Operations**

The following affidavit is offered to satisfy the requirement of Texas Human Resources Code Section 42.0563, in accordance with Texas Civil Practices and Remedies Code Section 132.001.

Texas Human Resources Code Section 42.0563 requires an applicant for a position of employment at a General Residential Operation, Licensed Child Care Center, School-Age Program, Before and After-School Program, Licensed Child Care Home, and Registered Child Care Home to complete and submit, to the employing entity, this pre-employment affidavit disclosing whether the applicant has ever been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

This affidavit should be completed by the applicant during the application process and does not require notarization. The applicant may attach additional documentation to this form to support that a **charge** the applicant lists below was determined to be **false** (e.g., copy of the associated police report, certified copy of a court document, or extra pages which list all relevant facts), but this form must be completed in its entirety.

I swear or affirm the following:

- ☐ I **have never** been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- ☐ I **have been** charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The following are all relevant facts pertaining to the charge, adjudication, or conviction:

List all relevant facts for each **charge**, including whether the charge was determined to be **true** or **false**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the charge. If you do not have any charges, write **none**.

Charge:**The charge was determined to be:** ☐ True ☐ False**Charge:****The charge was determined to be:** ☐ True ☐ False

List all relevant facts for each **adjudication**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the adjudication. If you do not have any adjudications, write **none**.

List all relevant facts for each **conviction**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the conviction. If you do not have any convictions, write **none**.

Declaration of Applicant

I declare under penalty of perjury that the foregoing is true and correct. I understand that failure to disclose the information required by this affidavit is grounds for termination of employment.

Printed Name (First, Middle, Last):

Date of Birth:

Address (Street, City, State, Zip Code, Country):

Signature _____

Signed on _____, in state of _____, County of _____.

Child Care Regulation
Request for Background Check

Use this form to request background checks required by 26 Texas Administrative Code (TAC) [Chapter 745 Subchapter F](#). You can also submit background check requests through your [Child Care Regulation Account](#) website.

See the chart below for instructions based on operation type for submitting background check requests.

Operation Type:	Submit Background Check Requests:
- Licensed child care center - School-age program - Before- or after-school program - Licensed child care home - Registered home - Employer- based child care operation - Shelter operation - Residential care provider	through your online Child Care Regulation Account. Exception: use this form and submit it to CBCU if the person for whom you are submitting the background check does not have any of the following types of identification: - Social Security number; - driver's license number; - state-issued identification number; - Canadian social insurance number; - military identification card number; - passport number; or - permanent resident card identification number. Note: If you submit this form and the background check subject does not meet the exception above, CBCU staff will advise you to submit the background check through your online Child Care Regulation Account.
Listed family home	- through your online Child Care Regulation Account; or - submit this form to CBCU.

Submit this form to CBCU by:

- emailing to contactcbcu@hhs.texas.gov;
- faxing to 512-339-5871; or
- mailing to:

Texas Health and Human Services Commission
Centralized Background Check Unit
Mail Code 121-7
P.O. Box 149030
Austin, TX 78714-9030

Directions: Complete the following information for each person required to have a background check. Download additional forms from the HHS forms website <https://hhs.texas.gov/laws-regulations/forms>.

Operation Information

Operation Name	Operation No.	Operation Area Code and Phone No.
Operation Address (<i>Street, City, State, ZIP Code</i>)		
Operation Mailing Address (<i>Street, City, State, ZIP Code</i>)		County

Verification Signatures

I verified (by reviewing the person's Social Security card or driver license) that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.

Printed Name of Director, Owner or Operator

Signature of Director, Owner or Operator

Date Signed

Individual's Identifying Information

☐ Initial ☐ Renewal ☐ Fingerprint Check Required ☐ FBI Results in DPS Clearinghouse					
First Name		Middle Name		Last Name	
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	
Address (Street, City, State, ZIP Code)					
County		Area Code and Phone No.		Date of Birth Gender: ☐ Male ☐ Female	
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 (<i>must accompany race</i>): ☐ Hispanic ☐ Non-Hispanic		Race ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native		Social Security No.	
Photo ID Type:					
☐ Driver License No.: _____ State: _____ ☐ Canadian SIN: _____ ☐ State ID: _____ ☐ Military ID: _____ ☐ Passport: _____ ☐ Permanent Resident Card: _____					
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 Phone 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:					
☐ Adoptive Parent ☐ Contracted Service Provider ☐ Director ☐ Foster Parent ☐ Foster/Adoptive Parent ☐ Household Member ☐ Frequent/Regular Visitor ☐ Licensed Administrator ☐ Owner/Permit Holder ☐ Staff/Employee ☐ Unverified Respite Provider ☐ Volunteer					
Job Duties/Title:					
For Foster or 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					

NEW EMPLOYEE QUESTIONNAIRE

Meadowbrook Preschool at Grace

1. What position are you applying for and what are your qualifications?
2. Do you have any questions or concerns about this position? *If yes, please list below.*
3. What age group would you prefer to work with?
4. Why do you want to work with young children?
5. If hired, would you need childcare? *If yes, what is the child(ren's) name(s) and birthdate(s)?*
6. Have you ever had a conflict with a co-worker? *If yes, how did you resolve it?*
7. Describe your favorite type of leader.
8. If you are new to childcare, you must have 48 hours of training within your first year, 24 of which must be in the first 3 months. If you are experienced in childcare, you must have 24 training hours a year. This may include evening and/or weekend trainings; will that be a problem?
9. What do young children need most?
10. How would you help a new child separate from their parent/guardian at drop off?

11. How would you define free play in the classroom?

12. What is the role of the teacher during free play?

13. A parent comes in angry and yelling because you did not have their child's coat on (it was 70°). How would you handle this?

14. How would you handle a child who is constantly hitting, biting, crying, etc.?

15. What is your favorite book to read to children? What kind of activities could you base on this book?

16. What would you do if you saw a fellow employee handle a situation with a child harshly?

17. What is your philosophy on how children learn?

18. What would you do with a child who cannot sleep at nap time?

19. What would you say to a parent who wanted you to make her child learn to write his name at age 3?

20. What would you say to a parent who is demanding to know which child hit or but their child?