



## EMPLOYMENT APPLICATION

The PREP Schools consider all applications without regard to an applicant's race, color, creed, religion, age, gender, national origin, pregnancy, veteran status and/or disability or other legally protected class.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_ DESIRED PAY: \_\_\_\_\_  
(MUST PUT HOURLY AMOUNT)

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Please list your prior work starting with your most recent place of employment.

EMPLOYER NAME:		GENERAL JOB RESPONSIBILITIES:
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:	DATES AND LENGTH EMPLOYED:	
	RATE OF PAY:	
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SUPERVISOR'S NAME:		

EMPLOYER NAME:		GENERAL JOB RESPONSIBILITIES:
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:	DATES AND LENGTH EMPLOYED:	
	RATE OF PAY:	
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SUPERVISOR'S NAME:		

EMPLOYER NAME:		GENERAL JOB RESPONSIBILITIES:
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:	DATES AND LENGTH EMPLOYED:	
	RATE OF PAY:	
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SUPERVISOR'S NAME:		

REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SUPERVISOR'S NAME:	

Why have you chosen to work in Early Childhood Education? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION:**

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/ DIPLOMA
HIGH SCHOOL				
PROFESSIONAL CERTIFICATE				
UNDERGRADUATE COLLEGE/UNIVERSITY				
GRADUATE/ PROFESSIONAL DEGREE				
OTHER				

Please attach a copy of the Diploma/Certificate from your highest level of education achieved.

Please list any additional Educational/Specialized Training you have received related to the job for which you are applying:

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

If selected for employment, your hiring will be conditional pending receipt of certified results of Criminal Background Check, Child Abuse Clearance and FBI Fingerprint Record. At time of employment you must comply with the clearances and requirements for your Employment File as required by Texas Department of Protective & Regulatory Services.

Please answer the following questions with yes or no:

- Are you at least 18 years of age? \_\_\_\_\_ Can you provide proof of your age if required? \_\_\_\_\_
- Are you a U.S. citizen or have appropriate documentation to show you are eligible to work in the U.S.? \_\_\_\_\_  
 (Proof of citizenship or immigration status will be required upon employment)
- Are you available to work any time as scheduled between the hours of 6:30 a.m. and 6:30 p.m.? \_\_\_\_\_  
 If No, please indicate the times you are available to work. \_\_\_\_\_
- To your knowledge are you related to any child currently enrolled in this program? \_\_\_\_\_  
 If yes, please list child's name and your relationship: \_\_\_\_\_
- Have you ever been convicted of or have an indicated report of any crime against a child? \_\_\_\_\_
- Have you ever been convicted of any crime or have pending criminal actions against you including deferred adjudication? \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES:** Do not include family members.

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	PROFESSION

**APPLICANT'S STATEMENT:**

I certify that the answers and information given herein are true, correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination regardless of when the information is discovered to be false or misleading. I understand that The PREP Schools will not do a Risk Evaluation if the TDPRS Criminal History Background Check requires such, and any offer of employment will be null and void.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Thank you for your interest in being employed with The PREP School of Crystal Falls. Upon review of completed applications a representative of The PREP School of Crystal Falls will schedule interviews with applicants who meet the initial requirements, as evidenced by the information provided herein.

OFFICE USE ONLY:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Interview Scheduled Date: \_\_\_\_\_ Time: \_\_\_\_\_

THIS PREP SCHOOL LOCATION IS INDEPENDENTLY OWNED AND OPERATED BY KASA OPERATIONS, LLC