



## Application for Employment

Sri Atmananda Memorial School is an Equal Opportunity Employer and does not discriminate with regard to race, religion, sex, age, national origin, or ethnic background in any of its employment policies or in the administration of any school policies.

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

NAME: \_\_\_\_\_  
Last
First
Middle

ADDRESS: \_\_\_\_\_  
Street
City
State
Zip

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

\_\_\_\_\_ Social Security Number      \_\_\_\_\_ Driver's License Number (State)

POSITION APPLIED FOR (Teacher, Aide, Volunteer): \_\_\_\_\_

DATE AVAILABLE TO START WORK: \_\_\_\_\_

Hours available to work:	Days Available to Work				
	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

I UNDERSTAND THAT I HAVE TO TURN IN ALL FORMS AND DOCUMENTATION BEFORE I BEGIN EMPLOYMENT.

\_\_\_\_\_  
Signed

Are you currently employed? \_\_\_\_\_ If so, may we contact your present employer for reference? \_\_\_\_\_  
 Contact Name and Phone: \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ When? \_\_\_\_\_

The information requested below is required by the Texas Department of Protective and Regulatory Services for all employees of child care providers or is needed for other legally permissible reasons.

Are you prevented from lawfully becoming employed in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony or misdemeanor within the last 5 years? \_\_\_\_ Yes \_\_\_\_ No

Describe: \_\_\_\_\_

(You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you applied.)

Do you have any physical limitations that preclude you from performing work for which you are being considered? \_\_\_\_ Yes \_\_\_\_ No

If so, what can be done to accommodate your limitations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Work History

Date	Name/Address of Employer	Position/ Salary	Reason for Leaving
From: _____	_____	_____	_____
To: _____	_____	_____	_____
From: _____	_____	_____	_____
To: _____	_____	_____	_____
From: _____	_____	_____	_____
To: _____	_____	_____	_____

### Education

	Name/Location of School	Dates Attended	Subjects Studied	Graduate? Yes/No
High School:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
College:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Highest Degree Held: \_\_\_\_\_

Certification, Subjects of Special Study, or Research Work: \_\_\_\_\_

Travel: \_\_\_\_\_

Hobbies or Interests: \_\_\_\_\_

Previous experience working with children (state when, how long, what ages, what kind of work)

**References**

Please list three personal references:

\_\_\_\_\_  
Name (\_\_\_\_\_) Daytime Phone

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name (\_\_\_\_\_) Daytime Phone

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name (\_\_\_\_\_) Daytime Phone

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Email Address

Contact with children requires proof of a negative T.B. test. **Please submit upon notification of employment.**

Yes                  No

I have had First Aid training in the past year.

I have had CPR training in the past year.

Please Xerox and return certificates with your application.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I 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 listed on this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

DATE: \_\_\_\_\_ Signature \_\_\_\_\_