

Bullfrogs & Butterflies Employment Application

Personal Information

Name (Last, First, Middle)

Soc. Sec. No

TX Drivers License No.

18 or Older?
 Yes No

Mailing Address

City

Zip Code

Telephone No.

In case of accident or illness, please contact:

Name:

Daytime Phone:

Address:

Relationship:

What type of employment are you seeking? F/T P/T Temporary

Expected Compensation (\$):

Age group preference you would like to work with

Hours you are able to work

Monday		Tuesday		Wednesday		Thursday		Friday	
From:	To:	From:	To:	From:	To:	From:	To:	From:	To:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Education

High School:	Years Completed:	Graduate:	Field of Study:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College/ University:	Years Completed:	Degree:	Field of Study:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business/ Technical:	Years Completed:	Degree:	Field of Study:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe any other special training you have had which you feel is pertinent.

Employment Experience

Employer Name

Employer Address

Position/ Title

Dates Employed (M/Yr)

Reason for Leaving

Employer Name

Employer Address

Position/ Title

Dates Employed (M/Yr)

Reason for Leaving

Employer Name

Employer Address

Position/ Title

Dates Employed (M/Yr)

Reason for Leaving

Has the Texas Department of Family and Protective Services or any other agency ever registered, listed or licensed you to care for children? Yes No

If yes:

When were you registered, listed or licensed? From: <input type="text"/> To: <input type="text"/>		Address (Street, City, Zip) <input type="text"/>
County and State <input type="text"/>		What was the name you were registered, listed or licensed under? <input type="text"/>

Do you have any physical, mental or medical impairments or disabilities that would limit your job performance in the position for which you are applying? Yes No

If yes, please explain:

Have you ever been investigated for abusing or neglecting a child by any of the following agencies?

Child Protective Services of the Texas Department of Family and Protective Services Yes No

County or State child welfare agency Yes No

Law Enforcement Agency (Police, Sheriff, Etc.) Yes No

If yes:

What was the child's name? <input type="text"/>	How was the child related <input type="text"/>
When did this occur? <input type="text"/>	Where? <input type="text"/>

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, provide type of charge with details:

I hereby certify that all entries on this job application are true and complete. I also agree and understand that any falsification of this information may result in my forfeiture of employment. I understand that all information on this job application is subject to verification and I consent to criminal history and background checks. I also agree that you may contact references and educational institutions listed on this application.

Job Applicant Signature

Date