

Meadow Oaks Academy

Staff Application

For Office use only

Date Hired: _____

Date Terminated: _____

Starting Wages: _____

Ending Wages: _____

Position: _____

Re-Hire: Yes _____ No _____

Full Time: _____

Part Time: _____

Today's Date: _____ Phone #: _____

Name: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Is this your permanent address? _____

SS#: _____

Drivers License #: _____

Position applying for: _____

Age preference: _____

Full Time: ___ Part Time: ___ AM ___ PM ___ Hours available: _____

Can you work as early as 6:30 am? _____ As late as 6:15 pm? _____

Minimum acceptable salary: _____

When could you report for work: _____

Educational Background

High School: _____

Degree _____ Year _____

Address: _____ City: _____

College: _____

Degree _____ Year _____ Major _____

Address: _____

City: _____ Graduate

School: _____

Address: _____

City: _____

Are you planning to further your education? Yes ___ No ___

When _____ In what field? _____

(Educational or Professional)

List any organizations to which you belong?

Do you have any special talents or interests? (Please list) _____

Do you play an instrument? _____ If yes, please list _____

Do you like to sing? _____

Do you have a current CPR & First Aide Card? Yes _____ No _____

Do you have a Commercial Driver's License? Yes _____ No _____

Do you have a Food Handler's Card? Yes _____ No _____

The Texas Department of Protective and Regulatory Services require that all staff must obtain at least 15 clock hours of training annually, exclusive of CPR and First Aide. Are you willing to fill the required training on your own time? Yes _____ No _____

Are you willing to attend weekly staff meetings? Yes _____ No _____

Previous Work Experience – List the last employers three

1. Name: _____

Phone: _____

Address: _____

City: _____

Position: _____

From _____ To _____

Reason for

Leaving: _____

Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____

2. Name: _____

Phone: _____

Address: _____

City: _____

Position: _____

From _____ To _____

Reason for

Leaving: _____

Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____

3. Name: _____
Phone: _____
Address: _____
City: _____
Position: _____
From _____ To _____
Reason for
Leaving: _____

Starting Salary: _____ Ending Salary: _____
Supervisor's Name: _____

References – List three references, not including former employers or relatives.

1. Name: _____
Phone: _____
Address: _____
Occupation: _____

2. Name: _____
Phone: _____
Address: _____
Occupation: _____

3. Name: _____
Phone: _____
Address: _____
Occupation: _____

Have you ever been convicted of a crime or felony? If yes, explain:

How would you describe your general health?

Have you ever been seriously injured? Yes ___ No ___ If yes, explain:

Are there any physical or personal limitations on the type of work you can do with children at school or the amount of time you can spend at work? Yes ___ No ___ If yes, explain:

Meadow Oaks Academy is an Equal Opportunity Employment Company dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, or physical challenges.

I authorize Meadow Oaks Academy to inquire as to my record of any or all persons and of my former employers listed above. In the event of my employment with Meadow Oaks Academy, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two weeks prior to date effective. It is my understanding that my first three months of employment are probationary, and if my services have not proved satisfactory my employment may be discontinued without prejudice.

Print Name: _____

Applicant's Signature: _____

Date: _____

The information requested below is needed for insurance, etc. and is not used for hiring purposes. We are an Equal Opportunity Employer dedicated to a policy of non-discrimination, Employment on any basis including race, creed, color, age, sex, religion, national origins, or physical defects.

Date of Birth: _____

Age: _____

Marital Status: _____

Spouses Name: _____

Name and Ages of Children:

Texas Drivers License No.: _____

New state laws require all teachers to be fingerprinted prior to working with children. The cost of fingerprinting is \$44.20. Are you willing to obtain/pay for fingerprinting as needed? Yes ____ No ____

Do not write below this line
