



Employment Application

Instructions to the applicant: *This application should be accurately and legibly in print. Any false, incorrect, misleading or incorrect statements may disqualify you for employment. Imagination Station is a Christian based facility and a tobacco and drug-free environment.*

Position Qualified for: _____ Age Desired: _____

Full time, Part time or both (Circle one) Days Available: M T W T F

Hours Available: Morning _____ Afternoon _____

Hours you are unavailable to work: _____

Name: _____ Date: _____

DOB: ___/___/___

Address: _____ Phone #: _____

Cell #: _____ Emergency #: _____

Education School Name Diploma/Degree Major

Highschool- _____

College/Other- _____

Certifications: CPR- Exp. Date: ___/___/___ First Aid- Exp. Date: ___/___/___

The TX Dept. of Human Resources requires 15 hours of annual childcare Training, are you willing to participate?

Yes or No Notes: _____

Have you had any experience or special training that would help determine Better placement in our Center?

Yes or No Describe: _____



Have you ever been terminated or asked to resign a job?

Yes or No Please Explain: _____

Have you ever been shown by credible evidence, e.g. a court or jury, a Department investigation or other reliable evidence to have abused, Neglected or deprived a child or adult to have subjected any persons to Serious injury as a result of intentional or grossly negligent misconduct?

Yes or No Please Explain: _____

Have you been convicted of a crime within the last 10 years?

Yes or No Please Explain: _____

Are you eligible for work in the United States & 18 years old? Yes or No

Are you capable of performing duties associated with continuous Supervision of children, the individual and group care necessary to provide A safe and healthy atmosphere for infants and children?

Yes or No Why? _____

Under the Americans with Disabilities Act of 1991, this program is required To reasonably accommodate individuals with disabilities. The reasonable accommodations requirement applies to the application process, any pre-Employment testing, interviews, and actual employment. If any, the Program supervisor is made aware that an accommodation is required. If You are disabled and require accommodations, you may request it at any Time during the interview process. You are obligated to inform the program Director of your needs if it will impact you r ability to perform the job you are Applying for.



Employment History: (Begin with most recent-please include all required information)

Employer Name: _____ Dates: __/__/__ to __/__/__

Phone Number: _____ Supervisor Name: _____

Position Held: _____ Resigned Terminated Laid Off

Employer Name: _____ Dates: __/__/__ to __/__/__

Phone Number: _____ Supervisor Name: _____

Position Held: _____ Resigned Terminated Laid Off

Employer Name: _____ Dates: __/__/__ to __/__/__

Phone Number: _____ Supervisor Name: _____

Position Held: _____ Resigned Terminated Laid Off

Employer Name: _____ Dates: __/__/__ to __/__/__

Phone Number: _____ Supervisor Name: _____

Position Held: _____ Resigned Terminated Laid Off

Personal & Character Reference: (Not Family or Employers)

Name: _____ Relationship: _____

Phone Number: _____ Occupation: _____

Name: _____ Relationship: _____

Phone Number: _____ Occupation: _____