

# Candy Cane Corner, Inc.

## APPLICATION FOR EMPLOYMENT

(Applications remain on file for 6 months)

\_\_\_\_\_  
(FIRST NAME)

\_\_\_\_\_  
(M.I.)

\_\_\_\_\_  
(LAST NAME)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(APT#)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(CELL #)

\_\_\_\_\_  
(HOUSE #)

\_\_\_\_\_  
(OTHER #)

BIRTHDAY: \_\_\_/\_\_\_/\_\_\_

PLACE OF BIRTH (state): \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_-\_\_\_-\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? ( ) YES ( ) NO

SEX: ( ) FEMALE ( ) MALE

DRIVER'S LICENSE #: \_\_\_\_\_

STATE: \_\_\_\_\_

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

DO YOU HAVE ANY FELONY OR MISDEMEANOR CONVICTIONS? ( ) YES ( ) NO

IF YES, GIVE FULL PARTICULARS \_\_\_\_\_

\_\_\_\_\_  
(A felony criminal record prohibits you from working in a licensed child care facility)

**SINCE WE HAVE TO PREFORM A BACKGROUND CHECK ON ALL APPLICANTS THAT WE CALL IN TO SUBSTITUTE, PLEASE  
FILL OUT THE FOLLOWING QUESTIONS:**

HEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

MAIDEN NAME AND ALL OTHER NAMES PREVIOUSLY USED: \_\_\_\_\_

OTHER CITIES OF RESIDENCY IN TEXAS: \_\_\_\_\_

PLEASE LIST ALL PREVIOUS "OUT OF STATE" ADDRESSED AND COUNTIES THAT YOU'VE HAD WITHIN THE PAST 5 YEARS  
(IF ANY): \_\_\_\_\_

**THE INFORMATION LISTED BELOW IS OPTIONAL AND WILL ONLY BE USED FOR SURVEY PURPOSES:**

WILL YOU BE DRIVING TO WORK? ( ) YES ( ) NO IF NOT, WHO WILL BRING YOU: \_\_\_\_\_

WILL YOU NEED CHILD CARE FOR ANY OF YOUR CHILDREN? ( ) YES ( ) NO IF SO, HOW OLD ARE THEY? \_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY COLLEGE HOURS? IF SO, PLEASE LIST THE TIMES BELOW THAT YOU WOULD BE  
AVAILABLE TO WORK: \_\_\_\_\_

**PLEASE LIST 3 PERSONAL REFERENCES BELOW - NOT REALTED TO YOU**

(1) NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOW DO YOU KNOW THIS PERSON? \_\_\_\_\_

(2) NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOW DO YOU KNOW THIS PERSON? \_\_\_\_\_

(3) NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOW DO YOU KNOW THIS PERSON? \_\_\_\_\_

**BELOW IS FOR OFFICE USE ONLY**

COMMENTS FROM THE 1<sup>ST</sup> REFERENCE: \_\_\_\_\_

\_\_\_\_\_

COMMENTS FROM THE 2<sup>ND</sup> REFERENCE: \_\_\_\_\_

\_\_\_\_\_

COMMENTS FROM THE 3<sup>RD</sup> REFERENCE: \_\_\_\_\_

\_\_\_\_\_

## POSITION INFORMATION

POSITION APPLIED FOR:        ( ) ADMINISTRATION        ( ) TEACHER        ( ) DRIVER        ( ) COOK

WHAT AGE WOULD YOU RATHER WORK WITH (check all that interest you):

( ) 12 months        ( ) 18 months        ( ) 2 to 3 year olds        ( ) 4 to 5 year olds        ( ) Schoolers

ARE YOU WILLINGS TO WORK ANY SHIFT, INCLUDING SPLIT SHIFTS? ( ) YES ( ) NO

HOW SOON FOLLOWING NOTIFICATIONS CAN YOU REPORT TO WORK? \_\_\_/\_\_\_/\_\_\_

ARE YOU WILLING TO RE-LOCATE? ( ) YES ( ) NO

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? ( ) YES ( ) NO

IF SO, WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

ARE ANY RELATIVES EMPLOYED AT THIS COMPANY? ( ) YES ( ) NO

IF YES, GIVE NAME, RELATIONSHIP, POSITION & LOCATION: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT WITH US? ( ) YES ( ) NO

IF YES, WHEN? (mo.) \_\_\_\_\_ (yr.) \_\_\_\_\_

WHY DO YOU FEEL YOU ARE QUALIFIED FOR THIS POSITION?

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

WHAT DO YOU FEEL IS THE MOST IMPORTANT QUALITY TO POSSESS IN DEALING WITH YOUNG CHILDREN?

\_\_\_\_\_

DO YOU FEEL CHILDREN ARE MOST DISCIPLINED IN A CLASSROOM THAT MAINTAINS A RIGID SCHEDULE OR CHANGES BASED ON THE CHILD'S DESIRES?

\_\_\_\_\_

DO YOU HAVE EXPERIENCE IN CHILD CARE? ( ) YES ( ) NO

IF YES, WHERE AND WHAT DID YOU DO AT THAT JOB? \_\_\_\_\_

\_\_\_\_\_

ARE YOU LOOKING FOR FULL-TIME OR PART-TIME? \_\_\_\_\_

WHAT BRINGS YOU IN THE DOOR TO APPLY? \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED? ( ) YES ( ) NO

IF SO, WHERE AND WHAT ARE YOUR WORKING HOURS THERE? \_\_\_\_\_

## EDUCATION:

### HIGH SCHOOL

(NAME OF HIGH SCHOOL): \_\_\_\_\_ /CITY: \_\_\_\_\_ GRADUATED? ( ) YES ( ) NO

CLASS OF : \_\_\_\_\_ HONORS OR AWARDS: \_\_\_\_\_

### COLLEGE

(NAME OF COLLEGE): \_\_\_\_\_ /GRADUATED? ( ) YES ( ) NO ( ) STILL ATTENDING

HONORS OR AWARDS: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_

### COLLEGE

(NAME OF COLLEGE): \_\_\_\_\_ /GRADUATED? ( ) YES ( ) NO ( ) STILL ATTENDING

HONORS OR AWARDS: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_

### TRADE SCHOOL/SPECIAL TRAINING

(NAME OF SCHOOL): \_\_\_\_\_ /GRADUATED? ( ) YES ( ) NO ( ) STILL ATTENDING

HONORS OR AWARDS: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_

## MARK THE FOLLOWING SKILLS YOU POSSESS AND THE DEGREE OF SKILL:

SKILL	NONE	LIMITED SKILLS	AVERAGE SKILLS	HIGHLY SKILLED
Sign Language	( )	( )	( )	( )
Dancing	( )	( )	( )	( )
Drama	( )	( )	( )	( )
Craft Making	( )	( )	( )	( )
Sewing	( )	( )	( )	( )
Picture/Finger Painting	( )	( )	( )	( )
Cooking	( )	( )	( )	( )
Spanish Speaking	( )	( )	( )	( )
Supervising Others	( )	( )	( )	( )
Organizing Activities	( )	( )	( )	( )
Driving Vans	( )	( )	( )	( )

ADDITIONAL COMMENTS REGARDING ANY OF THESE SKILLS:

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## **EMPLOYMENT HISTORY:**

IMPORTANT!!! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGES (S) IF NECESSARY.

### **PRESENT OR MOST RECENT EMPLOYER**

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
FULL NAME OF COMPANY TELEPHONE #

\_\_\_\_\_ CITY STATE ZIP  
STREET ADDRESS

\_\_\_\_\_ SUPERVISOR'S NAME TITLE OF YOUR POSITION DUTIES

\$ \_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STARTING SALARY ENDING SALARY EMPLOYED FROM EMPLOYED TO

REASON FOR LEAVING \_\_\_\_\_

### **PRESENT OR MOST RECENT EMPLOYER**

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
FULL NAME OF COMPANY TELEPHONE #

\_\_\_\_\_ CITY STATE ZIP  
STREET ADDRESS

\_\_\_\_\_ SUPERVISOR'S NAME TITLE OF YOUR POSITION DUTIES

\$ \_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STARTING SALARY ENDING SALARY EMPLOYED FROM EMPLOYED TO

REASON FOR LEAVING \_\_\_\_\_

### **PRESENT OR MOST RECENT EMPLOYER**

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
FULL NAME OF COMPANY TELEPHONE #

\_\_\_\_\_ CITY STATE ZIP  
STREET ADDRESS

\_\_\_\_\_ SUPERVISOR'S NAME TITLE OF YOUR POSITION DUTIES

\$ \_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STARTING SALARY ENDING SALARY EMPLOYED FROM EMPLOYED TO

REASON FOR LEAVING \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT:**

**I hereby certify** that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

**I hereby authorize** the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm or corporation given as reference above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

**I hereby affirm** that by submitting this application I agree to submit to medical evaluations and /or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the company and as often as directed during employment.

**I hereby authorize** THE MEDICAL EXAMINER TO DISCLOSE TO THE Company any and all finding and conclusions arrived at in any examination performed either prior to employment or during employment.

**I understand** THAT SHOULD I BE GIVEN EMPLOYEMENT, SUCH EMPLOYEMNET SHALL BE FOR AN INDEFINITE PERIOD OF TIME AND MAY BE TERMINATED, AT WILL, AT ANYTIME, FOR ANY REASON, BY ME OR BY THE Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of terminating. I further understand that only the CEO of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

**I understand** that if I am employed, the terms and condition of my employment will governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2)first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3)governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one)

- I do qualify under the following:  I do not qualify
- Handicapped
- Vietnam Era Veteran
- Disabled Veteran

I wish to be employed as a substitute. I understand that I may or may not be considered for permanent employment when space becomes available. I further understand that Candy Cane Corner, Inc. is offering employment for just that day and it is not implied, nor do I hold this agency liable for any additional employment or benefits when I am called to substitute. This "substitute" position will be paid at the least minimum wage per hour. If you are hired as a permanent employee, the starting wage will be decided at that time.

I accept these conditions to be called as a substitute ( ) YES ( ) NO , I DO NOT WISH TO SUBSTITUE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for completing this application. It will remain under consideration for six months. I will not be necessary for you to re-apply during the six-month period.***

**AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of CANDY CANE CORNER, INC. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status. ANYONE WHO BELIEVES THAT THEY HAVE BEEN DISCRIMINATED AGAINST SHOULD WRITE IMMEDIATELY TO: DIRECTOR, CIVIL RIGHTS DIVISION, MC E-609; TEXAS DEPT. OF HUMAN SERVICES; PO BOX 149030; AUSTIN, TX. 78714-9030 OR THE SECRETARY OF AGRICULTURE; WASHING DC 20250.

NOTE: DISCRIMINATION COMPLAINTS BSED ON RELIGION OR POLICITCAL BELIEFS MUST BE REFERRED ONLY TO THE DIRECTOR, TEXAS DEPT. OF HUMAN SERVICES