

Application for Employment

Applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, presence of a non-job-related medical condition or handicap, or any other legally protected status. EOE.

The Academy Christian School
8200 Tumbleweed
Fort Worth, Texas 76108 817-246-1448
1300 W. Hwy. 199
Springtown, Texas 76082 817-438-6324
debbie@academychristianschool.com

**Applicants must be at least 18 years old and have a high school diploma or GED.
Please do not apply if you do not meet these qualifications.**

(Please Print)

PLEASE PRINT LEGIBLY

Last Name		First Name		Date
Address			City, Zip	Email Address
Social Sec. #	Position Desired		Pay Expected	Work Phone
Are you legally eligible for employment in the U.S.?		When can you begin working?	Will you work overtime if requested?	Mobile Phone
Are you currently employed?	Do you smoke?	Do you have reliable transportation?	Do you know anyone who works/worked for us?	
What days (Monday-Friday) can you work?			What hours (7am-6pm) can you work?	

Education

	Name of School and Location (City, State)	Course of Study	# of Years Completed	Degree or Diploma
High School				
Trade/Tech				
College				
Graduate				
Other				

Other special training or skills
What foreign languages do you speak fluently?
Membership in Professional/Civic Organizations (Exclude any which may disclose race, religion or national origin)
Any special job-related skills or qualifications
Do you have any physical condition which might limit your ability to lift children or perform any function of the job you are applying for?
Have you been convicted of a felony?
Describe any major illness or injury you have had in the past five years

Employment Experience

Company Name		Telephone # ()	
Address	City / State / Zip	Dates Employed From / To /	
Supervisor		Hourly Pay Rate Starting \$ Final \$	
Job Title(s)		Reason for Leaving	
Description of Work			

Company Name		Telephone # ()
Address	City / State / Zip	Dates Employed From / To /
Supervisor		Hourly Pay Rate Starting \$ Final \$
Job Title(s)		Reason for Leaving
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Address	City / State / Zip	Dates Employed From / To /
Supervisor		Hourly Pay Rate Starting \$ Final \$
Job Title(s)		Reason for Leaving
Description of Work		

Have you omitted any jobs you have ever had from the list above?

Personal / Professional References (other than Relatives or Previous Employers)

Name / Occupation	Name / Occupation	Name / Occupation
Address	Address	Address
City / State / Zip	City / State / Zip	City / State / Zip
Telephone # ()	Telephone # ()	Telephone # ()
E-mail Address	E-mail Address	E-mail Address
Relationship / Years Known	Relationship / Years Known	Relationship / Years Known

I have received and read the Job Description for the position that I am applying for and agree that I meet the Physical Requirements for this job as listed.

Signed:

Applicant's Statement

The information given in this Application is true, correct and complete. If employed, any false or misleading information or omission of facts might result in discharge. I authorize investigation of all information I have given and of my credit, personal and employment history, as may be necessary in making an employment decision. I understand that any employment I accept does not create a contractual obligation upon the employer to continue my employment in the future. I understand I am required to abide by all rules and regulations of the employer.

Signed:



CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

Purpose: This form may be used to request background checks required by Texas Administrative Code (TAC) §745.615. Background check requests may also be submitted through DFPS's Child Care Provider website at https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp. See the chart below for instructions based on operation type for submitting background check requests.

IF	THEN
You are applying for a permit	You must send your background check request form along with your application to your local licensing office.
Your operation is a licensed child-care center, school-age program, before- or after-school program, or residential care provider	Your operation must submit background check requests via DFPS's Child Care Provider page, www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp .
Your operation is a licensed child-care home, registered child-care home, or listed family home	Your operation may submit background check requests via DFPS's Child Care Provider page, fax the background check form to 512-339-5871, or mail the background check form to: DFPS, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.
You are an exempt operation submitting background check requests only	You may submit your background check requests to the following mailbox: CBCUExemptBGC@dfps.state.tx.us

Directions: Complete the following information for each person required to have a background check. Additional forms may be downloaded from the DFPS website at http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp.

OPERATION INFORMATION		
Operation Name: THE ACADEMY CHRISTIAN SCHOOL	Operation Number: 901408	Operation Telephone Number: (817) 246-1448
Operation Address: 501 ACADEMY BLVD FORT WORTH, TEXAS 76108	Operation Mailing Address: Same	County: TARRANT

VERIFICATION SIGNATURES		
I verified (by reviewing the person's Social Security card or driver license) that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that DFPS may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.		
Printed Name of Director, Owner, or Operator: DEBBIE DAY	Signature of Director, Owner, or Operator: X	Date Signed:

PRIVACY STATEMENT
DFPS values your privacy. For more information, read our privacy policy online at: www.dfps.state.tx.us/policies/privacy.asp .

INDIVIDUAL'S IDENTIFYING INFORMATION

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse												
First Name:		Middle Name:	Last Name:												
List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results:															
Other First Names:		Other Middle Names:	Other Last Names:												
Street Address:		City:	State: Zip Code:												
County:		Telephone Number: () -	Date of Birth: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female												
List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:															
Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander													
Social Security Number:		Photo ID Type: <input type="checkbox"/> Driver License: Number: State: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:												
Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment: <input type="checkbox"/> Email: <input type="checkbox"/> Telephone Number: () -															
Relationship of person to requestor: <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adoptive Parent</td> <td style="border: none;"><input type="checkbox"/> Caregiver</td> <td style="border: none;"><input type="checkbox"/> Director</td> <td style="border: none;"><input type="checkbox"/> Foster Parent</td> <td style="border: none;"><input type="checkbox"/> Household Member</td> <td style="border: none;"><input type="checkbox"/> Licensed Administrator</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other Staff</td> <td style="border: none;"><input type="checkbox"/> Staff</td> <td style="border: none;"><input type="checkbox"/> Volunteer</td> <td style="border: none;"><input type="checkbox"/> Other:</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>				<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Director	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Household Member	<input type="checkbox"/> Licensed Administrator	<input type="checkbox"/> Other Staff	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other:		
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<input type="checkbox"/> Other Staff	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other:												
For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated															
Will this person be paid or is this person currently paid by the operation in the role selected? <input type="checkbox"/> Yes <input type="checkbox"/> No															

The following pages are additional Individual's Identifying Information sheets for use when submitting more than one individual's background check