



EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. **Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice.

Hatch House School is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, or sexual orientation, religion, age or disability, in employment or the provision of services.

NAME: _____
(First) (Middle) (Last)

_____ (Cell Phone) _____ (Alternate Phone/home)

E-MAIL ADDRESS _____

MAILING ADDRESS _____
(Street) (City) (State) (Zip)

List any other names used if different from the name on this application _____

List the title of position or type of work you are seeking _____

When are you available to start work? _____ Immediate _____ Two weeks' notice _____ Other

Please select time(s) you are available from the following shifts. Select all that apply. *Please note that schedules may be adjusted to meet children/staff ratios.*

Part-Time 7:00AM-1:00PM **Full-Time** 8:00AM-5:30PM **Part-Time** 12:00PM-6:00PM

Summer Temporary May through August Schedule TBD

Substitute Temporary as needed Schedule TBD

Are you first AID/CPR certified? Yes No . If yes, what is the expiration date? _____

Do you have any training or experience transporting children in a school van? Yes No _____

Current Driver's License Number _____ Social Security Number _____ - _____ - _____ Date of Birth ____/____/____
(State) (Number) Mo./Day/Yr

EDUCATION

(NOTE: Applicants will be required to provide proof of diploma, degrees, transcripts, licenses, certifications and registrations.)

Are you a High School Graduate or GED? Yes No

If yes, name and location of high school or GED institute? _____

Please List your educational qualifications below:

Type of School	Name and Location of School	Dates Attended				Date Graduated	Type of Diploma or Degree	Major Field of Study
		From		To				
		Mo.	Yr.	Mo.	Yr.			
Colleges or Universities								

Special Training/Skills/Qualifications: List all job related training or skills you possess and office programs/equipment you can use.

Can you teach Sign Language? Yes No . If yes, how fluently? Fairly Good Excellent

Do you speak a language other than English? Yes No . If yes, what languages do you speak? _____

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your responsibilities and any special training, skills and qualifications for each position you have held.

Position Title:						Immediate Supervisor's Name:		Full-Time <input type="checkbox"/>	
Employer:								Part-Time <input type="checkbox"/>	
Mailing Address:						Title:		Summer <input type="checkbox"/>	
City, State & ZIP:								Temp <input type="checkbox"/>	
Employer's Phone #:						Supervisor's Phone #:		Give average # of hours worked per week if part-time:	
Starting Date		Leaving Date		Current/ Final Salary \$_____	Lead Teacher <input type="checkbox"/>				
Mo.	Day	Yr.	Mo.			Day	Yr.		
Summary of experience including special training/skills/qualifications you have used in the performance of this job:									

Reason for leaving: _____									

Employment History (Continued)

Position Title:						Immediate Supervisor's Name:	Full-Time <input type="checkbox"/>			
Employer:								Title:	Part-Time <input type="checkbox"/>	
Mailing Address:									Supervisor's Phone #:	Summer <input type="checkbox"/>
City, State & ZIP:										Temp <input type="checkbox"/>
Employer's Phone #:										Give average # of hours worked by per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary \$_____	Lead Teacher <input type="checkbox"/>			
Mo.	Day	Yr.	Mo.	Day	Yr.		Assistant Teacher <input type="checkbox"/>			
							Supervisor <input type="checkbox"/>			
If supervisory, number of employees you supervised:										
Summary of experience including special training/skills/qualifications you have used in the performance of this job:										

Reason for leaving: _____										

Position Title:						Immediate Supervisor's Name:	Full-Time <input type="checkbox"/>			
Employer:								Title:	Part-Time <input type="checkbox"/>	
Mailing Address:									Supervisor's Phone #:	Summer <input type="checkbox"/>
City, State & ZIP:										Temp <input type="checkbox"/>
Employer's Phone #:										Give average # of hours worked by per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary \$_____	Lead Teacher <input type="checkbox"/>			
Mo.	Day	Yr.	Mo.	Day	Yr.		Assistant Teacher <input type="checkbox"/>			
							Supervisor <input type="checkbox"/>			
If supervisory, number of employees you supervised:										
Summary of experience including special training/skills/qualifications you have used in the performance of this job:										

Reason for leaving: _____										

HATCH HOUSE SCHOOL EMPLOYMENT AUTHORIZATIONS

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR
UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the Company will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes and licensing minimum standards.
4. I understand that any employment is conditioned upon a successful FBI fingerprinting and licensing background checks.
5. I understand that the employment application and employment interviews are NOT an offer of employment, nor do they obligate the company to hire, and no promises regarding employment has been made to me unless done in writing.
6. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information.

Print Name: _____

Signature: _____ **Date:** _____

For Hatch House School Use Only.

Date Received: _____	Time Received: _____	Received By: _____
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