

Little Shining Stars Child Development Center

6620 N. 23rd St.
McAllen, Texas 78504



Employment Application

(956) 668-7008/ (956) 668-7004

Fax: (956) 668-1982

Position Applied For: _____ Date: _____

It is the policy of Little Shining Stars Day Care Inc. to provide employment and all conditions of employment without regard to race, color, religion, national origin, sex, age, ancestry, sexual orientation, and to qualified individuals with disabilities

PERSONAL INFORMATION

Last Name	Middle Name	First Name	Social Security # - -	
Address		City	State	Zip Code
Driver License # and State	Phone	Email:		

Have you ever worked for this company?	YES	NO
IF YES, when?		
Are you a citizen of the United States?	YES	NO
Are you legally entitled to work in the United States?	YES	NO
Have you ever pleaded guilty, no contest or been convicted of a crime?	YES	NO
If yes, please explain. (give dates and details)		
Are you aware of any reason that makes you ineligible to work with children in Texas?	YES	NO
If yes, please explain.		

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be considered.

EDUCATION

Highest Level of Education Completed (circle one only) HIGH SCHOOL COLLEGE GRADUATE

	Name and Location	Did you Graduate?		Major Courses or Degree
		Yes	No	
High School				
College				
Graduate School				
Tech/Business School				
Other Training				

Special qualifications, skills and licenses (for example: CPR or First Aid): _____

CHILD CARE WORK EXPERIENCE

	Years of Experience	Rank Preference (to work with)	Circle ONE: FULL Time PART Time
(0-2 yrs) Toddler			Date Available to Begin Work:
(3-5 yrs) Pre-School			Days/ Hours Available:
(6-12 yrs) School-Age			Salary Requirements:

EMPLOYMENT RECORD (list in reverse chronological order)

Dates Including Month & Year	Name & Address - Employer	Name of Supervisor and Your Title	Rate of Pay	Reason for Leaving
From:			Starting \$_____ per _____	
To:			Final \$_____ per _____	
Describe mayor duties:				
From:			Starting \$_____ per _____	
To:			Final \$_____ per _____	
Describe mayor duties:				
From:			Starting \$_____ per _____	
To:			Final \$_____ per _____	
Describe mayor duties:				
From:			Starting \$_____ per _____	
To:			Final \$_____ per _____	
Describe mayor duties:				

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact. _____

EMPLOYMENT REFERENCES

Name	Telephone Number	Title/Relationship

I certify that my application and all attachments are true and complete to the best of my knowledge. I understand that any incorrect, incomplete or false statements or information furnished by me may, at the discretion of the Little Shining Stars Day Care Inc., disqualify me from employment, or cause my dismissal. I hereby authorize the Little Shining Stars Day Care Inc. to make a thorough investigation of my past employment and activities. I release from all liability the Little Shining Stars Day Care Inc., former employers, or any persons supplying such information. The language in this application is not intended to create, nor is it to be construed to constitute, a contract of employment.

Signature: _____ Date: _____