



STAFF APPLICATION

FOR OFFICE USE ONLY

Date Hired: _____
Starting Wage: _____
Position: _____

Full Time: _____
Part Time: _____
Substitute: _____

HOURS OF OPERATION: 7 AM TO 6 PM. NEW EMPLOYEE IS SUBJECT TO A 90-DAY PROBATIONARY PERIOD. VACATION, HOLIDAY, SICK, AND PERSONAL TIME OFF WILL BE PAID AT THE END OF PROBATION. VACATION, HOLIDAY, SICK OR PERSONAL TIME OFF WILL NOT BE PAID THE FIRST 45 DAYS OF EACH SCHOOL YEAR.

Must have previous childcare experience or 24 hours pre-service training.

Date: ____/____/____

Name: _____

Street Address: _____

City: _____ ST: _____ Zip: _____ E-mail Address: _____@_____

Home Phone: () _____ Cell Phone: () _____

DL#: _____ State: _____ Social Security# _____ Date of Birth: _____ (optional)

Position Desired: _____ Date You Can Start: _____

In Case of Emergency Notify: _____

Relationship: _____ Phone: _____

EDUCATIONAL BACKGROUND

School Name/Address	Field of Study	Date/ Degree
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY:

1. CURRENT: _____
Duties: _____

2. PREVIOUS: _____
Duties: _____

3. PREVIOUS : _____
Duties: _____

May we have your permission to contact present employer? _____ If no, please explain: _____

Minimum salary you would consider? (**Do not leave blank**) _____ (per year / hour)

Art Ability _____ Music Ability _____ Swimming Ability _____

List any special ability that could be an asset _____

Do you have a valid driver's license? _____ Are you willing to drive a school van? _____

Do you have any medical concerns that White Rock North School should be made aware of? _____

If yes, please explain: _____

Are you able to lift 50 lbs.? _____ If no, please explain _____

Have you ever filed for Workman's Compensation Insurance? _____

If yes, please explain: _____

Have you ever been fired or asked to resign from any job? _____ If yes, please explain _____

In what field do you consider yourself proficient? _____

Do you have your teaching certificate? _____ If so, from which state? _____ Level: _____

Planning to obtain this? _____ When? _____ Where? _____

Will you attend training hours (24 hours required) within one year of employment? _____

Are you willing to attend mandatory staff meetings, weekend workshops, Open House and Special Events? _____

Do you require child care? _____ If so, what are children's ages? _____

If you were employed by White Rock North School, who would care for your children if they were ill? _____

Will you be prepared to pay for loss or damage from your neglect of materials assigned to you? _____

Are you willing to make weekly lesson plans? _____ Could you be a lead teacher? _____

Are you willing to be totally responsible for your room? _____ Decorating and planning? _____

Have you ever been convicted of a felony or misdemeanor? _____ If yes, give details on back , including date, place and nature of conviction and deposition. _____

Are you currently charged with a felony or misdemeanor? _____ . If yes, give details including the type of charges: _____

Signature: _____ Date: _____ / _____ / _____

Print Name: _____

WHITE ROCK NORTH SCHOOL IS A SMOKE FREE FACILITY

WHITE ROCK NORTH SCHOOL furnishes a policy and procedures handbook.

9727 White Rock Trail, Dallas, Texas 75238 214-348-7410 fax 214-348-3109
www.whiterocknorthschool.com

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
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First Name:	Middle Name:	Last Name:
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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:
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Street Address:	City:	State:	Zip Code:
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County:	Telephone Number:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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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
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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:
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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:

Email:
 Telephone Number:

Relationship of person to requestor:

<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:		

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s)

Relative Fictive Kin Unrelated

Will this person be paid or is this person currently paid by the operation in the role selected? Yes No

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