

**PLAYWORKS**  
**Early Childhood & Youth Program**  
9480 Braun Rd., San Antonio TX 78254

**Employment Application**

Personal Information

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear of our program?

\_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Do you have Auto Ins? \_\_\_\_\_

Position Desired

(circle all that apply)

Room Lead teacher \_\_\_\_\_ Room Assistant teacher \_\_\_\_\_

Cook/Break person \_\_\_\_\_ Floating Assistant to all rooms \_\_\_\_\_

Supervisory \_\_\_\_\_

**Desired Pay \_\_\_\_\_ p/hour**

Preferred Schedule

(number your top two preferred)

Part time 6 or less hours / mornings \_\_\_\_\_

full time opening person \_\_\_\_\_

Part time 4 or less hours / mid-day \_\_\_\_\_

full time closing person \_\_\_\_\_

Part time 6 or less hours / afternoons \_\_\_\_\_

Work Eligibility

Are you a United States Citizen?            Yes    No  
Are you available to work school holidays    Yes    No  
Are you 18 yrs of age or older                Yes    No  
Do you Have a High School Diploma/GED    Yes    No

Have you been convicted or pleaded no contest to a felony within the last five years?    Yes    No  
If yes, please explain: \_\_\_\_\_

Have you been convicted of, pleaded guilty to or pleaded no contest to an act of dishonesty or breach of trust or moral turpitude, such as a misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last five (5) years?                    YES    NO

If yes, please explain: \_\_\_\_\_

Do you have other special training or skills (additional spoken or written languages, computer software knowledge, special needs care/training, etc?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education:

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ degree or GED Equivalent? Yes \_\_\_\_\_ No \_\_\_\_\_

College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Course of study: \_\_\_\_\_ #of years completed: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Degree in: \_\_\_\_\_

If no, still completing? Yes \_\_\_\_\_; projected date (mon/yr) of completion \_\_\_\_/\_\_\_\_

Specialized training/certifications/licenses:

Do you have first aid/CPR card? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, month and year completed \_\_\_\_\_ / \_\_\_\_\_

Do you have a current CDA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, CDA endorsement type: Infant/Toddler \_\_\_\_\_ Preschool \_\_\_\_\_ Sch Age \_\_\_\_\_  
Family Child Care \_\_\_\_\_

Have you completed any Child Development Certification Modules? Yes \_\_\_\_\_ No \_\_\_\_\_

Partially completed \_\_\_\_\_; if so, how many completed? \_\_\_\_\_

Employment History

Please give accurate and complete employment record. Start with the present or most recent employer. Include military experience if applicable. Include stay at home parent if applicable.

Position #1

Company Name \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Circle one: Full-time Part-time

Name of supervisor: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_

Employed (month and year) from: \_\_\_\_\_ to \_\_\_\_\_

Hourly pay \_\_\_\_\_ or salary \_\_\_\_\_

Describe your work duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position #2

Company Name \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Circle one: Full-time Part-time

Name of supervisor: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_

Employed (month and year) from: \_\_\_\_\_ to \_\_\_\_\_

Hourly pay \_\_\_\_\_ or salary \_\_\_\_\_

Describe your work duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position #3

Company Name \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Circle one: Full-time Part-time

Name of supervisor: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_

Employed (month and year) from: \_\_\_\_\_ to \_\_\_\_\_

Hourly pay \_\_\_\_\_ or salary \_\_\_\_\_

Describe your work duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position #4

Company Name \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Circle one: Full-time Part-time  
Name of supervisor: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_  
Employed (month and year) from: \_\_\_\_\_ to \_\_\_\_\_  
Hourly pay \_\_\_\_\_ or salary \_\_\_\_\_

Describe your work duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position #5

Company Name \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Circle one: Full-time Part-time  
Name of supervisor: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_  
Employed (month and year) from: \_\_\_\_\_ to \_\_\_\_\_  
Hourly pay \_\_\_\_\_ or salary \_\_\_\_\_

Describe your work duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Additional Information:

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops and special achievement or specialized skills you have or perform: \_\_\_\_\_

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References:

List names, contact information and relationships of three people not related to you who know your qualifications:

Name: \_\_\_\_\_  
Daytime number: \_\_\_\_\_  
Evening number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Daytime number: \_\_\_\_\_  
Evening number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Daytime number: \_\_\_\_\_  
Evening number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

If you have a resume, please attach a copy with your application.

Thank you for your interest and I look forward in speaking more!

Ms. Margie Bulger  
Owner