



The Learning Tree Christian Preschool  
301 East Texas Street  
Grapevine, Texas 76051

## Application for Employment

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden Social Security Number

(Identity must be confirmed)

Address \_\_\_\_\_  
Street City State Zip Phone Number

Are you legally eligible for employment in this country? \_\_\_\_ Yes \_\_\_\_ No

How long have you lived at your present address? \_\_\_\_\_ How long in the state of Texas? \_\_\_\_\_

The Learning Tree Christian Preschool, a ministry of First Baptist Church Grapevine, believes in the strength of, and promotes families and family values. Therefore, if you have a family, we request information on your family in order to integrate them into our church.

Number of Child \_\_\_\_ Ages \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Marital Status \_\_\_\_\_

Do you have child care available if needed? \_\_\_\_\_

Preferred Days and Hours \_\_\_\_\_

Have you applied at TLTCP or FBCG before? \_\_\_\_ If so, when? \_\_\_\_\_

Have you been employed by a church, playschool. Or Mother's Day Out before? \_\_\_\_\_

If so, reason for leaving \_\_\_\_\_

Special talents \_\_\_\_\_

In case of emergency please notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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**Please answer affirmatively if any of the following would affect your ability to perform your duties as an employee of The Learning Tree Christian Preschool, a ministry of First Baptist Church.**

**Medical History:** If the answer to any question is yes, please explain.

Are you currently under a doctor's care? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Do you require medication on a regular basis? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Do you have defects in vision, hearing, or speech? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Do you have any health problems which could possibly be intensified when taking into consideration the position for which you are applying (i.e. back problems or problems being on the ground)? \_\_\_\_\_

**NOTE:** If employed you must supply proof to our office of a normal negative TB Tine test. You are required to assume responsibility for physician's fee for this test. If you are hired, you will be required to produce documents about your eligibility for employment in order to complete an I-9 Form.

**Education:**    Name and Location of School                      Number of Years Attended                      Graduated Y/N

High School: \_\_\_\_\_

College: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**Employment History:**

1. Date: From/To \_\_\_\_\_ Name/Address/Phone Number \_\_\_\_\_

Position \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Date: From/To \_\_\_\_\_ Name/Address/Phone Number \_\_\_\_\_

Position \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Date: From/To \_\_\_\_\_ Name/Address/Phone Number \_\_\_\_\_

Position \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Personal References:** Please list two (2) professional references and one personal. Please, no relatives!

1. Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs. Known \_\_\_\_\_
2. Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs. Known \_\_\_\_\_
3. Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs. Known \_\_\_\_\_

**Personal Views:**

Why do you want to work at TLTCP/FBCG? \_\_\_\_\_

List any qualifications or experiences you have had working with children? \_\_\_\_\_

What can you personally add to TLTCP/FBCG? \_\_\_\_\_

**Criminal Charges/Convictions:**

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_ Yes \_\_\_\_ No

If yes, when? \_\_\_\_\_ Location? \_\_\_\_\_

Give details, including type of conviction and disposition \_\_\_\_\_

Do you have felony or misdemeanor charges pending with the county or district attorney or are you presently complying with the terms of a deferred adjudication? \_\_\_\_ Yes \_\_\_\_ No

If yes, type of charges \_\_\_\_\_

County where charges are pending or length of deferred sentence: \_\_\_\_\_

Court Number \_\_\_\_\_ Location \_\_\_\_\_

Give Details \_\_\_\_\_

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**NOTE:** In accordance with Texas Law, The Learning Tree Christian Preschool, a ministry of First Baptist Church Grapevine, will furnish the names of all employees to the Texas Human Services Department for a routine criminal background check.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I further understand that if employed, falsified records would be grounds for dismissal. I understand that I am on a ninety (90) day probationary period and can be dismissed anytime within this period with two (2) weeks' notice.

I authorize The Learning Tree Christian Preschool, a ministry of First Baptist Church Grapevine, to call any and all references as noted on this application and release all parties from all liability for any damage that may result from furnishing or obtaining such information.

I understand, if hired, that my employment is for no definite period of time and may be terminated at any time without prior notice in the event of any rules being broken.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY:**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hire Date \_\_\_\_\_ Start Date \_\_\_\_\_

Position \_\_\_\_\_ Hourly Salary \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_