

Please list your last three employers starting from the most recent.

Company Name:	1.	2.	3.
Company Address:			
Position:			
Job Duties:			
Name and Title of your immediate supervisor:			
Phone number of your immediate supervisor:			
Dates of employment : Month and year of start and end date.			
Average number of hours worked per week:			
Reason for leaving:			
Starting and ending salary:			
All employers, including your current employer may be contacted to verify the information you provide:	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No

Please list any other experiences or skills you feel relates to the position you are applying for:

References:

Please include at least two professional.

Name	Relationship	Years Known	Phone Number
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Have you ever been convicted of or plead guilty to any criminal offense? YES NO

Have you ever been terminated from a position? YES NO

Have you ever been investigated for abusing or neglecting a child? YES NO

Please explain any "yes" answers.

Do you have reliable transportation? YES NO

Are you capable of handling several tasks at once? YES NO

Are you related or affiliated with anyone currently or previously employed at Imagine Nation? YES NO

If "yes" please list the name of relative or persons who has been employed with us.

First Name: _____ Last Name: _____ Position: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief.

I hereby authorize the Texas Department of Family and Protective Services and/or Imagine Nation Center of Learning to contact the persons listed on this form.

I understand should this application, criminal background check, or reference check reveal a conviction of a crime or falsification of information, Imagine Nation Center of Learning reserves the right to terminate further processing of this application or my employment, if hired.

I understand this employment application is not a contract of employment. I further understand that if I am hired, I will be an employee "at will" and that I may voluntarily leave employment at any time and for any reason and may be terminated by the employer at any time and for any reason.

I understand that if I am employed, I must present proper documentation of my work eligibility and identification, including verification of age and education requirements.

I understand that upon hiring, I am required to obtain an FBI fingerprint check at my initial expense (approximately \$40).

I understand that employee reviews will be completed at 90 days, 6 months, 1 year and every year thereafter.

Signature

Date

