

# Capital City Kids Daycares & Learning Centers

13107 Dessau Rd. (512) 251-9951- Austin, Tx

8906 Wall St. (512) 989-8510- Austin, Tx

1900 Gregg Lane (512) 989-8510- Pflugerville, Tx

## Application For Employment

Applicants are considered without regard to race, color, religion, sex, national origin, age, veteran or marital status, presence of a non-job-related medical condition or handicap or any other legally protected status. EOE

**Applicants must be at least 18 years old and have a High School Diploma or GED  
Please do not apply if you do not meet these qualifications.**

(Please Print)

Last Name		First Name		Date
Address			City, Zip	Home Phone
Soc. Sec. #	Position Desired		Pay Expected	Work Phone
Are you legally eligible for employment in the U.S. ?		When can you begin working?	Will you work overtime if requested?	Mobile Phone
Are you currently employed?	Do you smoke?	Do you have reliable transportation?	Do you know anyone who works(ed) for us?	
What days (Monday-Friday) can you work?			What hours (7 am - 6 pm) can you work?	

### Education

	Name of School and Location (City, State)	Course of Study	# of Years Completed	Degree or Diploma
High School				
Trade/ Tech				
College				
Graduate				
Other				

### Childcare training or experience

What foreign languages do you speak fluently?

Email Address:

Any special job-related skills or qualifications

Do you have any physical condition which might limit your ability to lift children or perform any function of the job you are applying for?

Have you been convicted of a felony?

Describe any major illness or injury you have had in the past five years

**Employment Experience** (Present, or most recent, job first)

Company Name	Telephone # ( )
Address City / State / Zip	Dates Employed From / To /
Supervisor	Hourly Pay Rate Starting \$ Final \$
Job Title(s)	Reason for Leaving
Description of Work	

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Have you omitted any jobs you have ever had from the list above?

**Personal / Professional References** (other than Relatives or Previous Employers)

Name / Occupation	Name / Occupation	Name / Occupation
Address	Address	Address
City / State / Zip	City / State / Zip	City / State / Zip
Telephone # ( )	Telephone # ( )	Telephone # ( )
E-mail address	E-mail address	E-mail address
Relationship / Years Known	Relationship / Years Known	Relationship / Years Known

**Applicant's Statement**

The information given in this Application is true, correct, and complete. If employed, any false or misleading information or omission of facts may result in discharge. I authorize investigation of all information I have given and of my credit, personal and employment history, as may be necessary in making an employment decision. I understand that any employment I accept does not create a contractual obligation upon the employer to continue my employment in the future. I understand I am required to abide by all rules and regulations of the employer.

Signed: \_\_\_\_\_ Date \_\_\_\_\_