



Employment Application

The Mustard Seed Early Learning Center
 11555 Galm Road Suite 200
 San Antonio, Texas 78254
 (210) 688-7003 www.mustardseedelc.com

OFFICE USE ONLY
Interview Date _____
Hire Date _____
Last Date of Employment _____

EARLY LEARNING CENTER

Programs, services, and employment are equally available to everyone. Please inform the office staff if you require reasonable accommodation for the application or interview.

POSITION APPLYING FOR: _____ (Circle One) FULL TIME / PART TIME / SUBSTITUTE

Hours available _____ Date available to begin _____

PERSONAL INFORMATION			
FULL NAME:			
ADDRESS		CITY	STATE/ZIP
PHONE	MOBILE/PAGER/OTHER	SOCIAL SECURITY #	DRIVER'S LICENSE #
ARE YOU A CITIZEN OF THE UNITED STATES? (Circle One) YES NO		IF NOT, ARE YOU LEGALLY ALLOWED TO WORK IN THE UNITED STATES? (Circle One) YES NO	
Name(s) used on records if different from present name:			
HAVE YOU EVER PLEADED "GUILTY", "NO CONTEST", OR BEEN CONVICTED OF A CRIME? (Circle One) YES NO IF YES, GIVE DATES AND DETAILS:			
(Answering yes does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.)			

EDUCATION HISTORY				
TYPE OF SCHOOL	SCHOOL NAME AND LOCATION	DATES ATTENDED FROM TO	COURSE OF STUDY	DIPLoma, DEGREE, CERTIFICATE OR # OF HOURS COMPLETED
Last High School Attended		Did you graduate? Circle One Yes No	High School Equivalency Test (GED) Date Passed _____ State Awarded _____	
Colleges/Universities Attended				
Other (Military, Trade, Business, Secretarial, Etc.)				

EMPLOYMENT HISTORY: Begin with your present or most recent employer and list all positions held, including military, part-time, summer, volunteer work, and any periods of unemployment. Work history will be verified.

Employment Dates:	Job Title:	Company:
Job Duties:		
Last hourly or annual salary:	Hours per week:	Supervisor's Name and Phone Number:
Reason for leaving:		May we contact this employer? Yes No
Employment Dates:	Job Title:	Company:
Job Duties:		
Last hourly or annual salary:	Hours per week:	Supervisor's Name and Phone Number:
Reason for leaving:		May we contact this employer? Yes No
Employment Dates:	Job Title:	Company:
Job Duties:		
Last hourly or annual salary:	Hours per week:	Supervisor's Name and Phone Number:
Reason for leaving:		May we contact this employer? Yes No

OTHER JOB RELATED SKILLS OR QUALIFICATIONS:

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, educational, and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date