



**ALPHABET ZONE CHILDCARE CENTER**  
EMPLOYMENT/VOLUNTEER APPLICATION

Applicant Name (First, Middle and Last) \_\_\_\_\_

Address (City, State and Zip) \_\_\_\_\_

DOB: \_\_\_\_\_ Other cities lived in: \_\_\_\_\_

HM#: ( ) \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

Other Names used: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TDL#: \_\_\_\_\_

TDL EXP. \_\_\_\_\_ STATE: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

Hair Color  Eye Color:  Height:  Weight:

Have you ever used any other names? \_\_\_\_\_ if yes list all \_\_\_\_\_

**List Last 3 Jobs (Most Previous Job First)**

Place of employment \_\_\_\_\_

Address (W/City, State and Zip) \_\_\_\_\_

Phone#: ( ) \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

Place of employment \_\_\_\_\_

Address (W/City, State and Zip) \_\_\_\_\_

Phone#: (        ) \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_

Reason for Separation: \_\_\_\_\_  
\_\_\_\_\_

Place of employment \_\_\_\_\_

Address (W/City, State and Zip) \_\_\_\_\_

Phone#: (        ) \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_

Reason for Separation: \_\_\_\_\_  
\_\_\_\_\_

List 2 Personal References not related to you. Include a contact number and complete address.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

### Education

High School Attended	School Address/Ph#	Year Graduated
College or Trade School	School Address/Ph#	Year Graduated

If you did not graduate did you receive your GED? Yes or NO. Please attach HS Diploma or GED

List any training or education that you feel will be pertinent to the position that you are applying for:  
\_\_\_\_\_

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Do you have current CPR and 1st Aid? \_\_\_\_\_

Is there any reason that you feel you would not pass a criminal history check? \_\_\_\_\_

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

If hired, what date will you be available to start work? \_\_\_\_\_

Desired Salary? \_\_\_\_\_ Hours Available: \_\_\_\_\_

Can you work rotating and split shifts? \_\_\_\_\_

What hours can you work? \_\_\_\_\_ Are you available Nights? \_\_\_\_\_

If necessary can you drive? \_\_\_\_\_

Will you have any children attending the center? \_\_\_\_\_ if yes, how many? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH THE FOLLOWING TO YOUR JOB APPLICATION**

**COPY OF YOUR TEXAS DRIVERS LICENSE OR ID  
COPY OF YOUR SOCIAL SECURITY CARD  
CPR AND FIRST AID IF AVAILABLE  
COPY OF HIGH SCHOOL DIPLOMA  
AND ADDITIONAL TRAINING PERTINENT TO EMPLOYMENT**

PLEASE EMAIL ALL INFO TO [alphazonenc@gmail.com](mailto:alphazonenc@gmail.com). AND CALL THE CENTER FOR IMMEDIATE CONSIDERATION FOR EMPLOYMENT.

# CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

## CCL

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Operation Name ALPHABET ZONE CHILDCARE CENTER	Operation Number	Telephone No. (A/C) 832-594-3923
Operation Address (Street, City, ZIP) 18934 East Industrial Pkwy Suite A	Operation Mailing Address (City & Zip) New Caney, Texas 77357	County MONTGOMERY

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified (by reviewing the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

Travis Alexander  
 Printed Name of Director, Owner, or Operator      Signature of Director, Owner, or Operator      Date

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
Social Security Number		ID Type - Drivers License or ID Number -State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F

You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:

Relationship of person to requestor  
 Adoptive Parent     Caregiver     Director     Foster parent     Household Member     Licensed Administrator  
 Other Staff     Staff     Volunteer     Other:

For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s)     Relative     Fictive Kin     Unrelated

Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander
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Other names used (married, maiden, etc.) First Name	Middle Name	Last Name
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<b>DFPS Use Only</b>	Worker Name--Last, first	Mail Code
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