JOB APPLICATION

Giggles & Grins Little Scholars 306 Highway 190 E, Huntsville, Texas 77340 Gglittlescholars@gmail.com

Giggles & Grins Little Scholars is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information Applicant Name: Address: City, State and Zip Code: Telephone Number: Email Address:					
Date of Application:					
Employment Position Position(s) applying for:					
How did you hear about this position?					
What hours or shift are you available for work?					
On what date can you start working if you are hired?					
Do you have reliable transportation to and from work?					
Salary desired:					
Personal Information Do you have any friends, relatives, or acquaintances working for Giggles & Grins Little Scholars If yes, state name & relationship:	Yes	No			
Are you 18 years of age or older?	_ Yes	No			
Are you a U.S. citizen or approved to work in the United States?	Yes	No			
What document can you provide as proof of citizenship or legal status?					
Do you have any condition which would require job accommodations?	– – Yes	No			
If yes, please describe accommodations required below.	103	110			
n yes, piease describe accommodations required below.					

•	cted of a criminal offense (felo	,	Yes No			
	cure of the crime(s), when and	where convicted and c	disposition of the case:			
The date of the offense,	denied employment solely on the nature of the offense, in nd the surrounding circumsta however, be considered.)	ncluding any significan	nt details that affect the			
<u>Job Skills/Qualifications</u> Please list below the skills and qualifications you possess for the position for which you are applying:						
(Note: Giggles & Grins Little Scholars complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.) Education and Training						
High School						
Name	Location (City, State)	Year Graduated	Degree Earned			
College/University						
Name	Location (City, State)	Year Graduated	Degree Earned			
Vocational School/Specia	lized Training					
Name	Location (City, State)	Year Graduated	Degree Earned			
Military:						
Are you a member of the A	Armed Services?					
What branch of the military did you enlist?						
What was your military rank when discharged?						
How many years did you serve in the military?						
What military skills do you possess that would be an asset for this position?						
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<u>Previous Employment</u> Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving: Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone:			
Dates Employed:			
Reason for leaving:			
References Please provide 3 personal and profes	sional referenc		
Reference		Contact Information	
Additional Information: Do you have any background in chile	dcare? Please	explain	
What age group of kids are you com	fortable workin	g with?	

AT-WILL EMPLOYMENT

The relationship between you and the Giggles & Grins Little Scholars is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Giggles & Grins Little Scholars. No representative of Giggles & Grins Little Scholars has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature:		Dated:	
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