

Oakdale Private School

17100 Butte Creek Rd. Houston, Texas 77090

Phone: (281)444-4547 Fax: (281)444-6139

We consider applicants for all positions without regard to race, color, sex, national origin, age, disability, or any other legally protected status pursuant to the Texas Employment Discrimination Law, and other relevant federal, state, and local laws.

EMPLOYMENT APPLICATION

Applicant: _____ Date: _____
First Name Middle Name Last Name

Permanent Address: _____
Street Address City State Zip

Residence Telephone #: _____ Other Telephone #: _____

*High School Graduate: _____ Year Graduated: _____

Birthdate: _____ Age: _____

Driver's License/I.D #: _____ State: _____ SS#: _____

Have you ever been convicted of a felony or misdemeanor? Yes / No _____
If so, when?

Are you lawfully able to be employed in the U.S.? Yes / No

What foreign languages do you speak? _____ Read? _____



Position Desired: _____ Salary Desired: \$ _____ /hour

Circle one: Part-time Full-time Date you can start work: _____

Please state desired days and hours: _____

Currently Employed? _____ If so, may we contact your current employer? _____

Have you applied to Oakdale previously? _____ If so, how long ago? _____

Have you had any experience or training in Day Care or Teaching? _____

If so, what? _____

* A copy of all Diplomas and/or Transcripts, TB Shot Record, your Social Security Card and a current State Driver's License or state issued I.D. card will be required when hired.

Education

School Name: _____

Number of Years Attended: _____

Graduated? _____

High School _____

College _____

Trade/Business _____

Other _____

Former Work History: Please list last four (4) Employers, starting with the last Employer first.

Company Name	From/Through Mo/Year - Mo/Year	Position	Salary	Reason for Leaving
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1. _____

2. _____

3. _____

4. _____

References: Please list three (3) persons unrelated to you; known for a minimum 1 year.

Name	Address	Telephone	Business	Years Known
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1. _____

2. _____

3. _____

Physical History

Do you have any physical limitations that preclude you from performing any work for which you are being considered? _____ If yes, what can be done to accommodate your limitations? _____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO RELEASE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ANY LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

Signature _____ Date _____