Family Gatherings Application

Part I –

Name (Last, First, Middle)	Date of Birth	Area Code and Phone No.	Position

☐ Check the box if you do not have a Social Security Number or Texas Driver License No.

Social Security No.:_____ Texas Driver License No.:_____ Email Address_____

Mailing Address or P.O. Box	Apartment No.	City	County	State	ZIP Code

Name of Operation	Director Name
FAMILY GATHERINGS	Eliana Garcia

Operation's Location Address	City	County	ZIP Code	Area Code and Phone No.
4530 Old Seguin Rd.	San Antonio	BEXAR	78219	210-661-6055

Part II – Education and Employment Experience

Did you graduate from high school or receive a GED? ☐ Yes ☐ No If no, what was the highest year completed? _____

Have you attended college or a technical or vocational school? ☐ Yes ☐ No

If yes, provide the name(s) of the college(s) or school(s):	Location(s) of the college(s) or school(s):

Dates Attended:	Major Field(s) of Study:
From (month and year): _____ To (month and year): _____	
From (month and year): _____ To (month and year): _____	

Did you graduate?	If yes, provide the type of diploma, degree or certification received:
☐ Yes ☐ No	

Describe any other special training you have had which you feel is pertinent. Include continuing education units, dates, locations and the name of the organization or agency sponsoring the training:

List any professional licenses, certifications or credentials you hold:

Are you currently an employee at a different daycare?	If yes, list the operation name, operation no. and anticipated end date.
☐ Yes ☐ No	

List all employment held within the past 10 years beginning with the current or last employer and include dates of employment:

Position: _____ Employer: _____

From (month and year): _____ To (month and year): _____

Part time or full time? _____ Address of Employer: _____

Position: _____ Employer: _____

From (month and year): _____ To (month and year): _____

Part time or full time? _____ Address of Employer: _____

Position: _____ Employer: _____

From (month and year): _____ To (month and year): _____

Part time or full time? _____ Address of Employer: _____

Position: _____ Employer: _____

From (month and year): _____ To (month and year): _____

Part time or full time? _____ Address of Employer: _____

Part III - Licensing and Training

Have you ever been registered, listed or licensed to care for children by CCR or any other agency? ☐ Yes ☐ No

If yes, specify when you were registered, listed or licensed, under what address (including Street, City, County, State and ZIP Code), and under what name you were registered, listed or licensed:

List all current certificates:

_____ _____

_____ _____

_____ _____

_____ _____

Current Adult and Infant CPR and First Aid ☐ Yes ☐ No Expiration Date _____

Current Food Handlers license Expiration Date _____

Transportation Certificate Expiration Date _____

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Part IV – Child Abuse and Neglect

Have you been investigated by any of the following agencies for abusing or neglecting a child?

Child Protective Services of the Texas Department of Family and Protective Services: ☐ Yes ☐ No

County child welfare agency: ☐ Yes ☐ No

Law enforcement agency (police, sheriff, etc.): ☐ Yes ☐ No

Child welfare agency in another state: ☐ Yes ☐ No

Other: ☐ Yes ☐ No If yes, specify: _____

If yes to any of the above, answer the following:

Child's name: _____

How was the child related? _____

When did this occur? _____

Where did this occur?

Part V – Criminal Charges and Convictions

Have you been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, answer the following:

Date(s) of conviction(s): _____

Location(s): _____

Details including the type(s) of conviction(s) and disposition(s):

Do you have any felony or misdemeanor charges pending with the country or district attorney or is anyone now complying with the terms of a deferred adjudication? ☐ Yes ☐ No

If yes, answer the following:

Name(s) of person(s): _____

Type(s) of charge(s): _____

Location(s) where charge(s) are pending or where terms of deferred adjudication originated: _____

Details (including court number):

Part VI – Availability

What days are you available to work?

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____ Saturday_____

Hours: Part-time _____ Full-time _____ Seasonal _____ (school breaks)

Desire Pay _____ Start Date_____

Part VI – Signature

I certify that the information contains no willful misrepresentation or falsification and that is it true and complete to the best of my knowledge and belief. I hereby authorize Family Gatherings to contact the people listed on this form. I understand that Family Gatherings may contact others and, at any time, seek verification of all information on this form. I understand that any willful misrepresentation is cause for immediate denial or the application.

Signature:	Date Signed: