



**EMPLOYMENT APPLICATION**

1515 E Kearney Street  
Suite 402 & 403  
Mesquite, TX 75149  
(972) 707-7157

**INSTRUCTIONS:** It is important that you fill out all sections of this application completely & to the best of your ability. Your application will be used as part of the hiring process &, therefore, should represent your best effort.

**Current Information** (Please print clearly in ink)

Position Applied For: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Number and Street City State Zip

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**BACKGROUND** (Attach additional sheets if needed)

Have you ever been convicted of any crime under the name you used on this application or under any other name?

Yes  No

If yes, please explain when, where, & disposition of case.

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Dates: \_\_\_\_\_ Diploma/GED:  Yes  No

College/University: \_\_\_\_\_ Dates: \_\_\_\_\_ Graduated:  Yes  No

Other School: \_\_\_\_\_ Dates: \_\_\_\_\_ Graduated:  Yes  No

**\*\*This job requires 20 clock hours of childcare-related training per year. By initialing this statement, you acknowledge:**

- You will be responsible for acquiring this training
- You are responsible for the costs (if any) of this training, and
- The training must be completed on your own time

Initial Here: \_\_\_\_\_

**DRIVERS LICENSE INFORMATION**

Driver's License Number: \_\_\_\_\_ Class Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you willing and comfortable with transporting children by vehicle?  Yes  No

**ADDITIONAL INFORMATION**

Our hours of operation are Monday – Friday, 6:00 AM - 6:30 PM. Please list the days & hours you are available to work:

<b>Weekday</b>	<b>Time In</b>	<b>Time out</b>
<input type="checkbox"/> Monday	_____ to _____	
<input type="checkbox"/> Tuesday	_____ To _____	
<input type="checkbox"/> Wednesday	_____ To _____	
<input type="checkbox"/> Thursday	_____ To _____	
<input type="checkbox"/> Friday	_____ to _____	

***\*If you are applying for a classroom lead or classroom assistant role, please indicate the reason for any scheduling restrictions here:***

Our salary scale is based on verifiable education and experience.

What is your desired salary (please list dollar amount; not "negotiable"): \$ \_\_\_\_\_ .00     Hourly or  Yearly

**REFERENCES**

Please do not list family members. We recommend listing persons such as coworkers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying. DHS does require that we personally speak with each of your references, so we recommend that you let your references know to expect a call from us.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**CERTIFICATION AND ACKNOWLEDGEMENT:** *Please read & sign the statement below.*

I certify that, to the best of my knowledge & belief, the information given truly represents my background & experience. I understand that if I have knowingly misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment.

I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my current and former employers to give any information regarding my employment, together with any information regarding me whether it is in their records or not. I hereby release them from any damage whatsoever for issuing same. I also permit this employer to make a background investigation of me.

By signing this application for employment, I acknowledge that, if employed by Lighthouse Academy, LLC., Little Texans Academy, LLC., or any other subsidiaries that the organization and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment relationship is at-will and will remain in effect throughout my employment with the organization and may not be modified by any oral or implied agreement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## AUTHORIZATION TO OBTAIN EMPLOYMENT VERIFICATION

I authorize any individual, company firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge all information, verbal or written, pertaining to me, to **Lighthouse Academy, LLC.** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Lighthouse Academy, LLC. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner to protect the applicant's personal information, including but not limited to addresses, social security numbers, and dates of birth.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
SSN#

**Potential Candidate: Please do not fill in information below this line.**

EMPLOYER NAME: \_\_\_\_\_

CONTACT NAME & POSITION/TITLE: \_\_\_\_\_

COMPANY PHONE NUMBER: \_\_\_\_\_

COMPANY FAX NUMBER: \_\_\_\_\_

EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Hourly

ENDING SALARY: \$ \_\_\_\_\_  Annually ELIGIBLE FOR REHIRE:  Yes  No

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Purpose for Background Check:  Employment or  Volunteer

**BACKGROUND CHECK AUTHORIZATION**  
**APPLICANT INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Maiden Name (other names used) D.O.B. Social Security Number

Driver's License or  State ID \_\_\_\_\_  
Identification Number State Issued

\_\_\_\_\_  
Email Address Phone Number

**ADDRESS HISTORY (within the past seven (7) years)**

*\*Use additional pages, if necessary*

\_\_\_\_\_  
Current Street Address: City and Zip Code For how long?

\_\_\_\_\_  
Prior Street Address: City / State / Zip Code For how long?

\_\_\_\_\_  
Prior Street Address: City / State / Zip Code For how long?

\_\_\_\_\_  
Prior Street Address: City / State / Zip Code For how long?

**CRIMINAL HISTORY**

Have you ever been convicted or plead guilty before a court for any federal, state, or municipal criminal offense?  Yes  No

If yes:

\_\_\_\_\_  
State County Date of Offense

Details of conviction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CRIMINAL HISTORY (continued)

Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal criminal offense?  Yes  No

If yes:

State

County

Date of Offense

Details of conviction:

Have you ever received probation or community supervision for any federal, state, or municipal criminal offense?  Yes  No

If yes:

State

County

Date of Offense

Details of supervision:

Have you ever received been convicted of any criminal offense in a country outside the jurisdiction of the United States?  Yes  No

If yes:

Country / Province / Territory

Date of Offense

Details of conviction:

As of the date of this consent form, do you have any pending charges against you?  Yes  No

If yes:

State

County

Date of Offense

Details of pending charges:

## STATEMENT OF ACKNOWLEDGMENT

This information contained in this application and background authorization form is correct to the best of my knowledge. I hereby authorize **Lighthouse Academy** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and /or an investigative consumer report to be generated for employee and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to the following areas: verification of social security number, current and previous residences, education background, character references, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge all information, verbal or written, pertaining to me, to **Lighthouse Academy** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Lighthouse Academy** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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Employee Signature

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Date

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Employee Printed Name

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HR Representative Signature

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Date

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HR Representative Printed Name