

GrowSummerwoodkids.LLC dba Children's Lighthouse

14505 W. Lake Houston Pkwy

Houston TX 77044

281-594-7008

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

PERSONAL INFORMATION

Form with fields: Full Legal Name (First - Middle Initial - Last), Social Security Number, Address, Home Telephone, Other Telephone, Email Address, Driver's License #, State.

Are you a citizen of the United States? [ ] Yes [ ] No
If no, are you eligible to work in the U.S.? [ ] Yes [ ] No

Felony Statement

I have never been convicted of any of the following offenses, including deferred adjudication:
- A felony or misdemeanor classified as an offense against the person or family,
- A felony or misdemeanor classified as public indecency, or
- A felony violation of any law intended to control the possession or distribution of any substance included as a controlled substance in the Controlled Substance Act.
Signature: Date:
If you have any criminal record that will be listed on your background check, please explain circumstances:

POSITION INFORMATION

Form with fields: Position(s) applying for:, Salary Desired: \$, Employment status desired: [ ] Full Time [ ] Part Time [ ] Summer Only, What hours and days are you available to work?, If hired, when could you start?, How did you hear about this job?, Have you or a relative worked for Children's Lighthouse? If yes, where?, Are you able to perform the duties of this job with reasonable accommodation?, If accommodations are needed, please describe:

Children's Lighthouse of Lake Houston is an independently owned and operated school, and each independent owner is solely responsible for complying with all laws, policies, and regulations. Neither Childrens Lighthouse Franchise Company, nor any other Children's Lighthouse school, other than the one name above, is responsible for the actions or obligations of this school.

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**PROFESSIONAL REFERENCES:**

Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

**EMPLOYMENT HISTORY (*Most recent first and list all periods of unemployment*)**

<b>1. Job Title:</b>		<b>Duties:</b>	
Employer:			
Dates of Employment (month / year) From:                      To:			
Starting Salary:	Ending Salary:		
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
<b>2. Job Title:</b>		<b>Duties:</b>	
Employer:			
Dates of Employment (month / year) From:                      To:			
Starting Salary:	Ending Salary:		
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
<b>3. Job Title:</b>		<b>Duties:</b>	
Employer:			
Dates of Employment (month / year) From:                      To:			
Starting Salary:	Ending Salary:		
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
<b>4. Job Title:</b>		<b>Duties:</b>	
Employer:			
Dates of Employment (month / year) From:                      To:			
Starting Salary:	Ending Salary:		
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			

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**EDUCATION**

Type of school	Name and Location	Dates Attended		Degree Received	Subjects Studied	Did you graduate?
High School						
College / University						
Graduate School						
Tech School						
Other						
Special courses, training or experience acquired, including military experience:						

**SKILLS**

Computer skills	Name of software:	<input type="checkbox"/> PC	<input type="checkbox"/> Mac	<input type="checkbox"/> WPM
Languages				
Other special knowledge or skills				
Please describe any other experience, abilities, or skills that might be helpful in considering your application:				

**CERTIFICATION & AUTHORIZATION**

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment. I agree that I may be required to complete a medical exam or drug test for initial employment and continued employment.

I authorize the company to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I request and authorize all references and former employers to supply information about me verbally and in writing to you. In consideration for their furnishing such information, I hereby waive any claims against them, which may arise from their furnishing such information.

If employed, I agree to conform to the rules, regulations, and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I understand that I am employed by an independent franchise owner and not by Children's Lighthouse Learning Centers corporate headquarters. Therefore, I and the franchise owner I am employed by mutually agree that any claim or dispute between us, whether related to this application for employment or otherwise, including those created by practice, common law, court decision or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration clause, shall be exclusively resolved utilizing a two-step alternate dispute resolution process as follows: (1) first, by attempting settlement by mediation, utilizing a neutral mediator, who is also a licensed practicing attorney, agreed to by both parties, (2) second, if mediation fails, all claims and disputes, including those of jurisdiction and arbitration shall be resolved by binding arbitration. Both parties will agree to the arbitrator and the arbitrator must be a licensed practicing attorney. The arbitration proceedings will be governed by the state in effect at the time the claim is filed. Furthermore, as an applicant you stipulate and agree: (a) that if this agreement involves transactions in interstate commerce, it will be subject to the Federal Arbitration Act, invoke its jurisdiction and agree that any award of the arbitrator(s) may be entered as a judgment in court of competent jurisdiction; (b) to pay their respective cost of mediation and arbitration; (c) by signing this agreement any right to trial by jury or judicial appeal is expressly waived; and (d) that this alternative dispute resolution policy survives the contract relationship and is binding on the heirs, spouse(s), representatives, successors, attorneys and applicant.

I understand that any consideration of employment is contingent upon satisfactory proof of identity, legal authorization to work in the United States and satisfactory background check as defined by State licensing and law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Please answer the following questions:

Describe your experience working with children. What would you change?


What have you done that you are most proud of and why?


Describe a challenging child you have had and how you worked with him/her.


Describe your previous experience and/or expectation with curriculum implementation, training, and on-going professional development.


What would your previous supervisor say about you?


Is there any additional information you would like to share with us?
