

Childrens Lighthouse Learning Center of Lake Houston
14505 W. Lake Houston Pkwy.
Houston, TX 77044
lakehouston@childrenslighthouse.com

DBA Children's Lighthouse
APPLICATION FOR EMPLOYMENT 12-15

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

Legal name: First <small>As shown on Social Security Information</small>	Last	Middle Initial
Address: Street	City	State Zip code
Home Telephone: _____	Other Telephone: _____	
E-mail: _____	Social Security #: _____	
Driver's License #: _____ <small>(if position requires operation of a company vehicle)</small>	State: _____	

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

United States Visa status, if applicable: _____

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

Position(s) applying for: _____ Salary desired: \$ _____

Employment status desired: ☐ Full Time ☐ Part Time ☐ Temporary

What hours 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: _____

Professional references:

Name: _____ Phone No. _____

Name: _____ Phone No. _____

Name: _____ Phone No. _____

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

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

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 foregoing and seek employment under these conditions.

Signature: _____

Date: _____

Attachment to Employment Application: Please answer the following questions:

1. Describe your experience working with children. _____

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

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

