

Student Assistant Employment Application

Name		Today's date:	
Current Address:		Current Phone:	E-mail address:
Permanent Address:		Contact Person:	Permanent phone:
R#	Date of Birth:	Classification:	What is your major:
Times you are available to work between 7:15 am-5:45 pm M-F			Number of hours a week you wish to work:
Mondays: _____		Thursdays: _____	
Tuesdays: _____		Fridays: _____	
Wednesdays: _____		Do you have current first aid or CPR training?	
Position Applying for (circle what applies):			Have you been awarded a workstudy grant (circle what applies)?
Infants and Toddlers Twos and Threes Fours and Fives		Office Assistant No Preference	Yes (amount) _____ No Not sure
References: (please do not list relatives/friends)			
Name:	Phone Number:	Email Address:	How do you know this person?
_____	_____	_____	_____
_____	_____	_____	_____

Please list most current employment first. If you have previous experience with children, please list that also.

Name of Employer:	Phone:	Dates of Employment:
		From: To:
Job Title and Duties:		
Name of Employer:	Phone:	Dates of Employment:
		From: To:
Job Title and Duties:		
Name of Employer:	Phone:	Dates of Employment:
		From: To:
Job Title and Duties:		

Why are you interested in working in the Child Development Research Center?	What skills/abilities would you bring to the CDRC?

I hereby state that the above statements are true:

Signature _____ Date: _____



Pre-Employment Affidavit for Applicants for Employment at Certain Child Care Operations

The following affidavit is offered to satisfy the requirement of Texas Human Resources Code Section 42.0563, in accordance with Texas Civil Practices and Remedies Code Section 132.001.

Texas Human Resources Code Section 42.0563 requires an applicant for a position of employment at a General Residential Operation, Licensed Child Care Center, School-Age Program, Before and After-School Program, Licensed Child Care Home, and Registered Child Care Home to complete and submit, to the employing entity, this pre-employment affidavit disclosing whether the applicant has ever been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

This affidavit should be completed by the applicant during the application process and does not require notarization. The applicant may attach additional documentation to this form to support that a **charge** the applicant lists below was determined to be **false** (e.g., copy of the associated police report, certified copy of a court document, or extra pages which list all relevant facts), but this form must be completed in its entirety.

I swear or affirm the following:

- I **have never** been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I **have been** charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The following are all relevant facts pertaining to the charge, adjudication, or conviction:

List all relevant facts for each **charge**, including whether the charge was determined to be **true** or **false**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the charge. If you do not have any charges, write **none**.

Charge:

The charge was determined to be: True False

Charge:

The charge was determined to be: True False

List all relevant facts for each **adjudication**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the adjudication. If you do not have any adjudications, write **none**.

List all relevant facts for each **conviction**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the conviction. If you do not have any convictions, write **none**.

Declaration of Applicant

I declare under penalty of perjury that the foregoing is true and correct. I understand that failure to disclose the information required by this affidavit is grounds for termination of employment.

Printed Name (First, Middle, Last):

Date of Birth:

Address (Street, City, State, Zip Code, Country):

Signature _____

Signed on _____, in state of _____, County of _____.