

Wee School and First Baptist Academy
Application for Employment

Wee School and First Baptist Academy
Is a Ministry of First Baptist Church
505 Rollingbrook
Baytown, Texas 77521

Thank you for your interest in Wee School or First Baptist Academy.

Please complete the attached forms and return them to the School Office.
Please provide the following with your application:

- 1. Copy of your Driver's Licenses**
- 2. Copy of your Social Security Card**
- 3. Copy of your High School Diploma and/or your College transcripts**
- 4. Resume**
- 5. The "Affidavit for Applicants for Employment" must be notarized**

Wee School and First Baptist Academy employs individuals without regard to race, color, ethnic background or national origin.

Any questions can be addressed to:

Robin Cunningham

2814202740

robin@fcbaytown.org

First Baptist Church Employment Information

Personal Information

Name _____ Date _____
 First Middle Last

Address _____
 Street City State Zip

Social Security Number _____ / _____ / _____ TXDL Number _____

Home Phone Number _____ Cell Phone Number _____

E-mail Address (required for training purposes) _____

Marital Status () Single () Married () Divorced

Spouse's Name _____ Occupation _____
 First Middle Last

Special talents and abilities _____

Applying for () Preschool Teacher Assistant () Preschool Teacher () FBA Teacher

() Administration () Custodial () Substitute WS () Substitute Teacher FBA

Wee School and FBA does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age, or disability.

Professional Information

Educational Training

Name of School	City, State	Date	<u>High School Diploma</u> Degree Earned
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Name of School	City, State	Date	Degree Earned
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Name of School	City, State	Date	Degree Earned
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Name of School	City, State	Date	Degree Earned
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Work Experience—please list all working experience, especially if you have previously worked with children or in a school.

Place of Employment	City, State	Time of Employment (months)	Contact Number
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Place of Employment	City, State	Time of Employment (months)	Contact Number
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Place of Employment	City, State	Time of Employment (months)	Contact Number
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Have you complete hours of training for childcare workers Yes No

Do you have a current Texas Teaching Certificate Yes No

Total years of teaching experience _____

Philanthropy—please list all community service experience
Wee School and First Baptist Academy have a philanthropic duty to help our community through service projects. If you are not currently involved in community service, our Wee Care program will give you the opportunity to participate in service projects.

Service Project	Type of Service	City, State	Time of Service Project (months)
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Service Project	Type of Service	City, State	Time of Service Project (months)
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Service Project	Type of Service	City, State	Time of Service Project (months)
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Religious Profile

Church Affiliation _____ Date of Membership _____

We believe a staff member of a Christian school has responsibility of Christian influence and example. Will you conduct yourself so that your life is a positive Christian testimony?

Yes No

Do you regularly attend organized Church services? Yes No

Please relate your conversion experience _____

Wee School and First Baptist Academy are ministries of First Baptist Church. Teachers in our school must be born again Christians who consider their work to be part of supporting and fulfilling the ministry and purpose of First Baptist Church. Teachers must subscribe without reservation to the Statement of Faith and the Standard of Conduct.

Statement of Faith

We believe in the following:

1. We believe the Bible to be the inspired and only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, and in His vicarious and substitutionary atonement for the sins of mankind by the shedding of His blood on the cross, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
6. We believe that God created man in His own image, but because of sin, man is in need of a Savior, and that salvation comes through faith in Christ Jesus, the Son of the Living God. Through faith in Him as Lord and Savior, we are declared righteous by God.
7. We believe in the second coming of our Lord and Savior, Jesus Christ.
8. true believer receives the Holy Spirit at the moment of salvation (Romans 8:9)

Standard of Conduct

Members of Wee School and FBA faculty and staff are expected to maintain a godly lifestyle and abide by certain separation standards established by the school. Those standards include such matters as abstaining from the use of tobacco, alcoholic beverages, illegal drugs, and sexual immorality. Faculty members are expected to present the finest Christian testimony in their dress, association, and business transactions.

I affirm my agreement to the Statement of Faith and Standard of Conduct.

Signature of Applicant _____ Date _____

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or a significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand that I will be paid and receive benefits only through the day of release.

I authorize Wee School and FBA to thoroughly investigate references, work records, evaluations, education, and other matters related to my suitability for employment.

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release the Wee School and FBA, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references give to Wee School and FBA.

Since I will be working with children, I understand that I will need to submit to a Fingerprint check by the FBI and possibly other federal and state authorities. I agree to fully cooperate in providing and recording as many sets of my fingerprints as are necessary for such an investigation. I authorize Wee School and FBA to conduct a criminal records check.

I understand that this is only an application for employment and that no employment contract is being offered at this time.

I certify that I have carefully read and do understand the above statements.

Signature of Applicant _____ Date _____

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

CCL

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Operation Name		Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)	Operation Mailing Address (City & Zip)		County

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified (by reviewing the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

Printed Name of Director, Owner, or Operator _____ Signature of Director, Owner, or Operator _____ Date _____

Initial 24 Month Check Fingerprint Check Required FBI Results in DPS Clearinghouse

Social Security Number		ID Type - Drivers License or ID Number -State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F

You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:

Relationship of person to requestor

Adoptive Parent Caregiver Director Foster parent Household Member Licensed Administrator
 Other Staff Staff Volunteer Other:

For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) Relative Fictive Kin Unrelated

Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander
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Other names used (married, maiden, etc.) First Name _____ Middle Name _____ Last Name _____

DFPS Use Only	Worker Name--Last, first	Mail Code
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CHILD CARE CENTER PERSONNEL INFORMATION RECORD

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

NAME:		ADDRESS:		PHONE #:	
DATE OF BIRTH: - -		DATE OF EMPLOYMENT: - -		DATE CHC SENT TO DFPS: - -	
				T.B. TEST DATE: - -	
NAME OF HIGH SCHOOL:				GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				GRADUATION DATE / GED - -	
COLLEGE:			DEGREE:		
CAREER PROGRAM (if applicable.):			INSTRUCTOR:		
WORK SCHEDULE:		ATTENDANCE MAINTAINED		PREVIOUS EXP/TRAINING	
HOURS: DAYS:		<input type="checkbox"/> Sign in log <input type="checkbox"/> Time sheet		WHERE AND HOW LONG	
CPR First Aid Training					
Exp.Date: - - Exp.Date: - -					

PRE-SERVICE TRAINING For Caregivers only

Check all that apply:

- Staff with previous child care experience or training. (DOES NOT REQUIRE 8 HRS OF PRE-SERVICE), **OR**
- Staff without previous child care experience or training. Before being counted in the child/caregiver ratio, I received 8 hours of pre-service training in the following areas:

<input type="checkbox"/> Developmental stages of children.	<input type="checkbox"/> Age-appropriate activities for children.
<input type="checkbox"/> Positive guidance and discipline of children.	<input type="checkbox"/> Fostering children's self-esteem.
<input type="checkbox"/> Supervision and Safety practices in the care of children.	<input type="checkbox"/> Positive interaction with children.
	<input type="checkbox"/> Preventing the spread of communicable diseases.
- Staff will not be working with children younger than 24 months. (DOES NOT REQUIRE THE TRAINING LISTED BELOW), **OR**
- Staff will be working with children younger than 24 months. Before being given counted in the child/caregiver ratio for a group of children younger than 24 months of age, I received one hour of pre-service training in:
 - Recognizing and preventing shaken baby syndrome and sudden infant death syndrome; and
 - Understanding early childhood brain development.

Employee Signature

Date

Trainer Signature

Date

EMPLOYEE AND VOLUNTEER ORIENTATION

In addition to being oriented in the understanding of children and in job expectations, I have been oriented in:

- An overview of the minimum standards for child care centers.
- The Center's operational policies, including discipline, guidance, and the release of children.
- The use and location of fire extinguishers and first aid equipment.
- The procedures to follow in handling emergencies, including fire, explosion, tornado, toxic fumes, volatile persons, and severe injury or illness of a child or adult.
- An overview of symptoms of child abuse, neglect, and sexual abuse and the responsibility for reporting these.
- I have received a copy of the child-care center's operational policies.
- I have received a copy of the child-care center's written personnel policies including my job, job responsibilities, and requirements.

Employee Signature

Date

Trainer Signature

Date

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF _____
COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(seal, if any, of notarial officer)

My commission expires: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State <input type="checkbox"/>	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number		

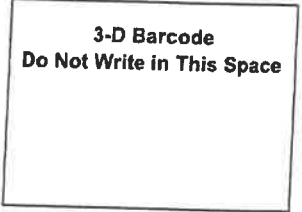
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____
- OR**
2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____
Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State <input type="checkbox"/> Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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