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 1751 FM 2931  
 Providence Village, TX 76227  
 www.thekidscorral.com



(972) 346-2100  
 631 Magnolia Blvd.  
 Savannah, TX 76227  
 www.thekidscorral.com

**Providing Quality Educational  
 Care for Infants Through Age 12.**

Name (Last, First, Middle):	Soc. Sec. No:	TX Drivers License No:	Date of Birth:
Mailing Address:		Home Telephone:	Cell Phone:

**1. Education:**

Elementary or High School (Circle years completed): 1 2 3 4 5 6 7 8 9 10 11 12  
 Did you graduate high school?  Yes  No : If no did you receive a GED?  Yes  No

Name of School	Location: City/State	Dates Attended				Graduated: Yes/No	Type of Diploma/Degree	Major/Field of Study
		From		To				
		Mo.	Yr.	Mo.	Yr.			

Describe any other special training you have had which you feel is pertinent; including Continuing Education Units. Give dates, locations and the name of the organization or agency supporting the training.

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List any professional licenses, certifications or credentials you hold.

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**2. Employment and Experience:**

Dates Employed				Employer	Address	Phone Number	Position	Supervisor
From		To						
Mo.	Yr.	Mo.	Yr.					

A. Describe the duties of each position listed above that were in the areas of childcare services, childcare personnel supervision and program management or administration.

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B. Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Please include dates and locations.

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C. List three professional references (these must be former supervisors).

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**3. Health:**

A. Are you physically and/or emotionally fit to work in a childcare facility?  Yes  No  
If no, please explain.

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B. Are you physically and/or emotionally impaired?  Yes  No  
If yes, please explain.

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4. Have you ever been investigated for abusing or neglecting a child by any of the following agencies?

Agency	Yes	No
A. Child Protective Services of the Texas Department of Family and Protective Services		
B. County Child Welfare Agency		
C. Law Enforcement Agency (Police, Sherriff, etc.)		
D. Child Welfare Agency in another state		
E. Other ( Specify)		
If yes to any of the above, what was the child's name?	How was the child related?	
When did this occur?	Where did this occur?	

5.

A. Have you ever been arrested, charged or convicted of a felony or misdemeanor? (Please circle one).	Yes	No
If yes, date of conviction(s):	Location(s):	
Give Details, including type of conviction and disposition:		
_____		
_____		
_____		
B. Do you have any felony or misdemeanor charges pending with the county or district attorney or is anyone now complying with the terms of a deferred adjudication? (Please circle one).	Yes	No
If yes, type of charge(s):	Location(s):	
County where charge(s) are pending or length of deferred sentence:	Court No.	

I certify that this information contains no willful misrepresentations or falsifications and that it is true and complete to the best of my knowledge and belief. I hereby authorize The Kids Corral to contact the persons listed on this form. I understand that The Kids Corral may contact others, and at any time, seek verification of any and all information on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date