



EMPLOYMENT APPLICATION

Please print and complete

Visit us on the Web at www.DrJohnsSportsCenter.com

1800 Clover Lane, Cedar Park, TX 78613

(512) 499-8021

Email: drjohnsinfo@drjohnssportscenter.com

<input type="checkbox"/>	Full Time
<input type="checkbox"/>	Part Time
<input type="checkbox"/>	Summer Camps
<input type="checkbox"/>	After School Care
<input type="checkbox"/>	Sport Leagues
<input type="checkbox"/>	Clinics/Instruction
<input type="checkbox"/>	Internship
<input type="checkbox"/>	Volunteer

Instructions: Please read the instructions before completing the application. A resume may be attached to your application, but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of an accommodation to complete this application, please call for an appointment at the phone number above. Return your application either in person to the street address above or by mailing to Dr. John's Sports Center, P. O. Box 1178, Cedar Park, TX 78630. Electronic submission of this application is accepted by emailing to drjohnsinfo@drjohnssportscenter.com. Please visit our web site or call our office for additional information.

POSITION TITLE: _____

DATE AVAILABLE FOR WORK: _____

PERSONAL DATA

NAME: _____ **SOCIAL SECURITY NUMBER:** _____

CURRENT ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

List any other names used if different from name given on application:

PHONE (Home): (____) _____ **PHONE (Work):** (____) _____ -ext. _____

PHONE (Cell): (____) _____

E-MAIL ADDRESS: _____

EDUCATION & TRAINING

HIGHEST GRADE COMPLETED: _____ **HIGH SCHOOL DIPLOMA OR GED?** _____

Type of School	Name & Location of School	Sem/Clock Hours Completed	Graduated Y/N	Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
Colleges or Universities						
Technical, Vocational, or Business						

If a license, certificate or other authorization is required/related to position for which you are applying, complete the following:

License/Certification (CPR, First Aid, Food handlers, etc.)	Date Issued	Issued By (State or other Authority)	License Number	Location of Issuing Authority (city & state)

SPECIAL TRAINING: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer software, specialized equipment or machines, memberships, areas of expertise for recreation/sport training and instruction).

GENERAL INFORMATION

DRIVER'S LICENSE: State: _____ Number: _____ Expiration Date: _____

TYPE OF DRIVER'S LICENSE: _____ **CDL ENDORSEMENTS:** _____

If the position requires a commercial bus driver's license, please complete additional information on the Commercial Driver's License Supplement.

DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been fired or forced to resign from any position?

If answer is Yes to either or both of these questions, please explain below.

Dr. John's Sports Center is licensed by Texas Department of Protective and Regulatory Services as a Child Care Facility. Therefore we are required to perform a background check on all applicants prior to hiring for employment, intern or volunteer position. You will be required to sign the attached Affidavit of No Criminal History and a background check will be performed.

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. **FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION.**

_____ If Yes, please provide the following:

Date: _____ Charge: _____ City/State: _____

Disposition: _____

Date: _____ Charge: _____ City/State: _____

Disposition: _____

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. **An explanation of any period of unemployment should be included on page 4. Interns and Volunteers: It is not necessary to complete Salary information.**

Employer:	Start Date	End Date
Address/City/State:		
Phone: () - Job Title:	Starting Salary	Final Salary
Supervisor: Supervisor's Title:	\$	\$
Reason for Leaving:		
Briefly describe the Nature and Duties of Your Position		

Employer:	Start Date	End Date
Address/City/State:		
Phone: () - Job Title:	Starting Salary	Final Salary
Supervisor: Supervisor's Title:	\$	\$
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Address/City/State:		
Phone: () - Job Title:	Starting Salary	Final Salary
Supervisor: Supervisor's Title:	\$	\$
Reason for Leaving:		
Briefly describe the Nature and Duties of Your Position		

Explanation of any periods of unemployment between jobs:

GENERAL INFORMATION

I, the undersigned, certify that I have *read and fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from Dr. John's Sports Center's Service. In submitting this application, I authorize Dr. John's Sports Center to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of Dr. John's Sports Center and will not be returned.

I also understand that I will have the right to terminate my employment with Dr. John's Sports Center at any time without notice and for any reason. I understand that Dr. John's Sports Center has the same right. If required for the position, I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from the City is contingent upon information received.

Signature of Applicant

Date Signed

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH DR. JOHN'S SPORTS CENTER.

AN EQUAL OPPORTUNITY EMPLOYER

**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 TEXAS

COUNTY OF WILLIAMSON

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: _____