

MAGNIFICENT LEARNING ACADEMY

PERSONNEL FORM

Employee is defined as– A assistant caregiver, substitute caregiver, or any other person a child-care home employees full-time or part-time to work for wages, salary, or compensation, including kitchen staff, office staff, maintenance staff, or any hired to transport a child.

Primary Caregiver Qualifications for a Registered Child-Care Home Employee

Qualifications you must meet to be a primary caregiver.

- (1) Be at least 21 years old. Must a Driver's License and Social Security
- (2) Have a: High School Diploma or equivalent. You must provide supporting information, such as a copy of diploma, transcript or letter from the school to indicate that the education is equivalent to a program in the United States.
- (3) Must submit to a Background check and finger print.
- (4) Have a current certificate of training in paediatric first aid and paediatric CPR.

You must have obtained all work experience in a full-time capacity or its equivalent in part-time capacity. Full time is defined as least 30 hours per week.

We will notify you that you do not meet minimum standards qualifications. We will give you a deadline to submit additional paperwork, or ask you to withdraw your application and re-apply after you have obtained necessary training and experience.

- (1) Administrative and clerical duties – Duties that involve the operation of a child-care home such as bookkeeping, enrolling children; answer the telephone, and collecting fees.
- (2) Caregiver – A person is counted in the child/caregiver ratio, whose duties include the supervision, guidance, an protection of a child.
- (3) Attendance – When referring to an Employee schedule. If you need to be out for any reason, the Director need to be advised within 24 hours of your schedule day of work. If you miss your regularly scheduled date your check will be reduced. If no notice from employee within 24 hours will be terms of possible termination.

APPLICANT SECTION

Position applied for:

Personal details

Given name:

Address:

City/State/Zip

Telephone Daytime:

Mobile:

Email:

Current qualifications

Qualification title	Certificate Training Completed	Background Fingerprint

MAGNIFICENT LEARNING ACADEMY

Are you currently undertaking study/training?
(tick one)

Yes No

If yes, course/program name:

(pick one) Full time Part time Distance Other

Previous employment (most recent first)

Employer name/ establishment	Dates from/to	Position held	Reason for leaving	Office use check initial/date

Do you agree to have referees contacted in relation to this application? (tick one)

Yes No

(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)

Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact No.	Position held/working relationship (eg supervisor)	Office use check initial/date

What type of work are you available for? (tick one)

Full time Part time Casual

When will you be available for work?

Please provide any other information that you identify as being pertinent to this application (eg medical conditions, disabilities)

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed:

Date:

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EMPLOYER SECTION

Confidential – reference checks *For office use only*

Reference name	Comments	Would re-employ?		Initial	Date
		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Previous Employment over the past 2 years.

Interview arranged for:

Offer of employment made

Position:

Letter of appointment sent:

Hire Date:

Payroll details entered: \$ Bi-weekly

Probationary period expires on: 90 day from date of this signed application

Notes

Application unsuccessful

Signature of Applicant

Date:

Director Signature

Consent to Background and Reference Check

Applicant Name: _____

Present Address: _____, _____, _____

Social Security Number: _____

I, _____ hereby authorize Magnificent Learning Academy (the "Company") of 624 N Main Street, Duncanville, Texas 75116, and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. I also hereby authorize the Company's access to any medical histories or records pertaining to me (and any other individuals who due to my employment may be covered by any Company medical or other insurance program). With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant:

By: _____

Date: _____

_____,

FELICIA MORGAN
624 N Main Street
Duncanville, TX 75116

Dear FELICIA MORGAN:

During my _____ years here at Magnificent Learning Academy, I have worked on the following projects in the following capacities:

_____:

As you can see, the level of responsibility and the scope of my work has increased steadily. The only thing that has not increased is my pay.

I am writing to request that you consider offering me a pay increase of 0%. I feel that this amount would reflect my level of seniority and the nature of the work I now do here at Magnificent Learning Academy.

Thank you for giving this request your serious consideration.

Sincerely,

Dear _____:

Your employment with Magnificent Learning Academy will be officially terminated on _____.

You have been terminated for the following reason:

Our records indicate that you were late to work 0 times in _____ and absent from work 0 times in _____. You have shown poor performance in your duties as a _____. You have not successfully executed the duties for which you were hired. As our business depends on the efficiency and effectiveness of our work force, we have decided to terminate your employment. We have decided to implement a work force reduction and your position has been eliminated.

We ask that you return the following company property by _____:

KEYS; COMPANY-SHIRT, OFFICE SUPPLIES,FILES

You will not receive payment for the remaining balance of leave pay you have accumulated. Your health care benefits will no longer be effective on the date of termination. Your final check will be in the amount of _____. Your final paycheck will be mailed to your address on file.

Please review the non disclosure agreement you signed upon hiring. According to this agreement, you are not permitted to disclose any company trade secrets, practices, or methods of operation. Magnificent Learning Academy is entitled to take legal action if it is revealed that you disclosed trade secrets during or after employment.

IF A CHILD IS NEGLECTED BY FORCE OR TRAUMA, SUPERVISION NEGLECT, COPORAL PUNISHMENT- LOCAL POLICE DEPARTMENT WILL BE CALLED AND A REPORT MADE

You may elect to participate in an exit interview conducted by _____, _____ at _____.

Sincerely,
FELICIA MORGAN
DIRECTOR

Enclosures: FINAL CHECK

Felicia Morgan
624 N Main Street
Duncanville, TX 75116

Dear _____:

This letter should serve as an official warning to you. _____

. Failure to take care of this problem by _____ will result in "suspension",
"termination of your employment", "loss of privileges", etc..

We value you as an employee and hope you that you will take the necessary steps to improve your
performance.

Please contact me if you have any questions about this matter. An e-mail can be sent to
magnificentlearningacademy@yahoo.com.

Sincerely,

Felicia Morgan



Child Care Center Personnel Information Record

This form simplifies maintenance of personnel records by centralizing information required by Child Care Licensing for child care centers. Providers may use their own form.

Directions: Employees fill out this form upon hire and sign it after completing all requirements. This form meets the requirements of 26 Texas Administrative Code (TAC) §746.901. Supporting forms may be found at: http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp#staff

Name:		Address:		Phone:
Date of Birth:	Date of FBI Fingerprint Check Completed:	TB Test Date:		Date of Employment:
Name of High School/Home School:			Graduated? <input type="radio"/> Yes <input type="radio"/> No	Graduation/GED Date:
Child Care Career Program (for high school students) and Instructor:				
First Aid Training Expiration Date:	CPR Training Expiration Date:			

Select all that apply:	
<input type="radio"/> I have previous child care experience or training. (Does NOT require 24 hours of pre-service.) OR <input type="radio"/> I do not have previous child care experience or training. Before being counted in the child/caregiver ratio, I received eight hours of pre-service training in the following areas:	
<input type="checkbox"/> Developmental stages of children <input type="checkbox"/> Supervision and safety practices in the care of children <input type="checkbox"/> Fostering children's self-esteem <input type="checkbox"/> Preventing the spread of communicable disease	<input type="checkbox"/> Positive guidance and discipline of children <input type="checkbox"/> Age-appropriate activities for children <input type="checkbox"/> Positive interaction with children
<input type="radio"/> I will not be working with children younger than 24 months. (Does NOT require the training listed below.) OR <input type="radio"/> I will be working with children younger than 24 months. Before being 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:	
<input type="checkbox"/> Recognizing and preventing shaken baby syndrome and abusive head trauma; <input type="checkbox"/> Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS); and <input type="checkbox"/> Understanding early childhood brain development.	
_____ Employee Signature	_____ Date Signed

Employee and Volunteer Orientation

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;
- An overview of your policy on the prevention, recognition, and reporting of child maltreatment;
- An overview of the procedures to follow in handling emergencies, which includes sharing the emergency preparedness plan with all employees;
- The location and use of fire extinguishers and first aid equipment;
- Administering medication, if applicable;
- Preventing and responding to emergencies due to food or an allergic reaction;
- Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electric hazards, bodies of water, and vehicular traffic;
- Handling, storing, and disposing of hazardous materials including compliance with 26 TAC §746.3425; and
- Precautions in transporting children if your center transports a child whose chronological or developmental age is younger than nine years old.

I have received a copy of the child care center's operational policies.

I have received the child care center's personnel policies.

_____ Employee Signature	_____ Date Signed
_____ Trainer Signature	_____ Date Signed

Attached Documents

- Copy of photo identification
- Copy of current driver's license for persons transporting children in care N/A if not transporting children
- Form 2985, Affidavit for Applicants for Employment with a Licensed Operation or Registered Child-Care Home
- Form 7250, Staff Training Record
- Educational Documentation

Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.



Affidavit for Applicants for Employment with a Licensed Operation or Registered Child-Care Home

Form 2985
April 2018-E

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"]:

Empty box for listing exceptions.

Signature

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

Signature

Date Signed

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



Signature of Notary Officer:

My commission expires:

{Seal, if any, of notarial officer} _____