

CHILDREN'S ADVOCACY CENTER FOR DENTON COUNTY (CACDC)
PERSONAL HISTORY STATEMENT (PHS)-Childcare Provider.

Instructions: These pages must be hand written and returned to Ellen Pugh, CACDC, 1854 Cain Dr., Lewisville, TX 75077 by mail or email, ellen@cacdc.org by Friday, December 29, 2017 at 5:00 pm.

APPLICANT INFORMATION

DATE: _____
FULL NAME: _____
MAIDEN NAME: _____ OCCUPATION: _____
RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____
 Undergraduate college degree
Major: _____ Date degree was or will be received: _____
 Master's Degree
Major: _____ Date degree was or will be received: _____

REQUIRED DOCUMENTS

The following documents must be submitted with this *Personal History Statement*. You should submit photocopies; these will not be returned to you.

1. Resume, along with 3 personal references (not family members or prior employers);
2. Documentation of any training that relates to the position for which you are applying;
3. Documentation of any litigation you have been party to;
4. Schedule of availability

If you cannot submit the required documents, please explain:

EMPLOYMENT RECORD

Beginning with your present or most recent job, list **all** jobs you have had during the last 5 years. Include all part-time, temporary and seasonal positions. You should include any position you have accepted regardless of how long you actually worked or the amount or type of compensation.

Employer: _____ Phone: _____

Mailing address: _____

City/State/Zip: _____

Type of business: _____

Job type(s): _____ Full-time _____ Part-time _____ Temporary _____ Contract

Starting date: _____ Position: _____

Ending date: _____ Position: _____

Duties/Responsibilities: _____

Supervisor's Name/Title: _____

Are you eligible for rehire? _____ Yes _____ No If no, why not? _____

Reason for leaving or wanting to leave: _____

Would you like to be contacted before we contact your present employer? _____ Yes _____ No

Does your present employer know you are applying for this job? _____ Yes _____ No

Employer: _____ Phone: _____

Mailing address: _____

City/State/Zip: _____

Type of business: _____

Job type(s): _____ Full-time _____ Part-time _____ Temporary _____ Contract

Starting date: _____ Position: _____

Ending date: _____ Position: _____

Duties/Responsibilities: _____

Supervisor's Name/Title: _____

Are you eligible for rehire? _____ Yes _____ No If no, why not? _____

Reason for leaving or wanting to leave: _____

EMPLOYMENT RECORD, CONTINUED

Employer: _____ Phone: _____

Mailing address: _____

City/State/Zip: _____

Type of business: _____

Job type(s): _____ Full-time _____ Part-time _____ Temporary _____ Contract

Starting date: _____ Position: _____

Ending date: _____ Position: _____

Duties/Responsibilities: _____

Supervisor's Name/Title: _____

Are you eligible for rehire? _____ Yes _____ No If no, why not? _____

Reason for leaving or wanting to leave: _____

Employer: _____ Phone: _____

Mailing address: _____

City/State/Zip: _____

Type of business: _____

Job type(s): _____ Full-time _____ Part-time _____ Temporary _____ Contract

Starting date: _____ Position: _____

Ending date: _____ Position: _____

Duties/Responsibilities: _____

Supervisor's Name/Title: _____

Are you eligible for rehire? _____ Yes _____ No If no, why not? _____

Reason for leaving or wanting to leave: _____

PLEASE ATTACH EXTRA PAGES IF NEEDED FOR ADDITIONAL EMPLOYERS.

Record, below, all periods of unemployment during at least the past five (5) years:

A PERIOD OF UNEMPLOYMENT IS ANY TIME YOU DID NOT HAVE A JOB!

From To (Month/Year)	Length of Unemployment (Month/Year)	Reason for Being Unemployed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate work experience you think will specifically qualify you for the position to which you are applying. Describe positions you have held that required supervisory ability, the exercise of authority or leadership: _____

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to carry out, or which might require further explanation? _____

OTHER INFORMATION

Special Skills: Describe any special type of training or ability you have that you think would be of value to the Children’s Advocacy Center: _____

Community Activities: Describe community activities that you have participated in: _____

Awards, Commendations or Items of Special Recognition: _____

Volunteer Experience: Describe your own volunteerism, or where you have worked with volunteers: _____

Team Work and Coordination Experience: Please list any experience in working with teams, and coordinating teams. Please include your role on the team, etc.: _____

Please attach additional pages if necessary.

I certify there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware an incomplete application, or any misrepresentations, omissions, and/or falsifications will be grounds for immediate rejections of my application, or if hired, termination of my employment.

Signature: _____

Date: _____