



## Young Learners Group Employment Application

### **The Learning Lane**

25511 Richards Road  
Spring, Texas 77386

Direct: (281) 465-3519 • Fax: (281) 465-3529

[www.thelearninglane.com](http://www.thelearninglane.com)

### **Linder Young Learners Academy**

14600 Gladebrook Dr  
Houston, Texas 77068

Direct: (281) 537-9090 • Fax: (281) 537-0011

[www.linderyounglearners.com](http://www.linderyounglearners.com)

### **The Woodlands Young Learners Academy**

1500 Woodstead Ct  
The Woodlands, Texas 77380

Direct: (832) 257-3563 • Fax: (832) 381-3481

[www.twyounglearners.com](http://www.twyounglearners.com)

### **Oak Ridge Young Learners Academy**

25511 Richards Road  
Spring, Texas 77386

Direct: (346) 331-5252 • Fax: (346) 331-5253

[www.theyounglearners.com](http://www.theyounglearners.com)

#### **Instructions:**

Please complete this employment application packet in its entirety, and submit it to the facility director.

The Learning Lane:

Submit this employment application packet by fax at (281) 465-3529, or you may email it to [Steph.Hulshof@thelearninglane.com](mailto:Steph.Hulshof@thelearninglane.com)

Linder Young Learners Academy:

Submit this employment application packet by fax at (281) 537-0011, or you may email it to [Tiesha.McKenzie@linderyounglearners.com](mailto:Tiesha.McKenzie@linderyounglearners.com)

The Woodlands Young Learners Academy:

Submit this employment application packet by fax at (832) 381-3481, or you may email it to [patricia.quintero@theyounglearners.com](mailto:patricia.quintero@theyounglearners.com)

Oak Ridge Young Learners Academy

Submit this employment application packet by fax at (346) 331-5253, or you may email it to [Vicky.Stanton@theyounglearners.com](mailto:Vicky.Stanton@theyounglearners.com)

## Employment Application

Updated  
01.31.19

### Equal Employment Opportunity

The Young Learners Group, consisting of The Learning Lane, Linder Young Learners Academy, The Woodlands Young Learners Academy, and Oak Ridge Young Learners Academy, is an Equal Employment Opportunity Employer. All applicants will be given employment consideration without regard to age, disability, genetic information, national origin, sexual orientation, pregnancy, race, color, religion, or any other category, class or characteristic protected under state or federal law.

#### **Instructions:**

Please complete all sections of this Employment Application legibly.

### Applicant Information

Last Name:		First Name:		MI:
Address:	Apt #:	City:	State:	Zip:
Phone Number:		Email:		
Position Applying For:		Available to Start:		

### Criminal Background

Have you ever been convicted of a felony and/or misdemeanor offense, and/or plead guilty or no contest, and/or received deferred adjudication for a crime? (Conviction records, as well as records of guilty pleas, no-contest pleas and deferred adjudication will not necessarily disqualify you from employment consideration.)

Yes                      No

If you answered Yes, please explain:

### Employment Eligibility

1) Are you currently 18 years of age or older?	Yes	No
2) Are you currently legally authorized to work in the United States of America?	Yes	No
3) Can you perform the essential duties of the job that you are applying for with or without reasonable accommodation?	Yes	No
4) Have you ever worked for any of the Young Learners Group facilities as an employee or as a volunteer? (The Learning Lane, Linder Young Learners Academy, The Woodlands Young Learners Academy, Oak Ridge Young Learners Academy)	Yes	No
	If Yes, please indicates dates:	
	From	To
5) Are you currently subject to a non-competition agreement, or any other agreement(s) or obligation(s), that would prohibit you from working in the position for which you are applying for?	Yes	No

## Employment Application

Current or Most Recent Employer			
Company Name:	Date of Employment:		
	Start Date:	End Date:	
Address:	City:	State:	Zip:
Phone Number:	Position Held:		
Essential Duties:			
Reason for Leaving:	Ending Rate of Pay:		
Immediate Supervisor:	May we contact this employer?    Yes                  No		
Previous Employer			
Company Name:	Date of Employment:		
	Start Date:	End Date:	
Address:	City:	State:	Zip:
Phone Number:	Position Held:		
Essential Duties:			
Reason for Leaving:	Ending Rate of Pay:		
Immediate Supervisor:	May we contact this employer?    Yes                  No		
Previous Employer			
Company Name:	Date of Employment:		
	Start Date:	End Date:	
Address:	City:	State:	Zip:
Phone Number:	Position Held:		
Essential Duties:			
Reason for Leaving:	Ending Rate of Pay:		
Immediate Supervisor:	May we contact this employer?    Yes                  No		

## Employment Application

Previous Employer			
Company Name:	Date of Employment:		
	Start Date:	End Date:	
Address:	City:	State:	Zip:
Phone Number:	Position Held:		
Essential Duties:			
Reason for Leaving:	Ending Rate of Pay:		
Immediate Supervisor:	May we contact this employer?    Yes                  No		
Previous Employer			
Company Name:	Date of Employment:		
	Start Date:	End Date:	
Address:	City:	State:	Zip:
Phone Number:	Position Held:		
Essential Duties:			
Reason for Leaving:	Ending Rate of Pay:		
Immediate Supervisor:	May we contact this employer?    Yes                  No		
Previous Employer			
Company Name:	Date of Employment:		
	Start Date:	End Date:	
Address:	City:	State:	Zip:
Phone Number:	Position Held:		
Essential Duties:			
Reason for Leaving:	Ending Rate of Pay:		
Immediate Supervisor:	May we contact this employer?    Yes                  No		



## Employment Application

### Additional Applicant Information

Has the Texas Department of Family and Protective Services or any other state agency ever **registered or listed** you to care for children?

Yes                      No

If you answered Yes, provide the information requested below.

Date License Issued:	Name of Agency:
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Agency Address (Street, City, State, Zip & County):

If you are, or have been, registered under another name, provide the full name:

### Professional References

First & Last Name:	Company & Job Title:	Phone Number:
First & Last Name:	Company & Job Title:	Phone Number:
First & Last Name:	Company & Job Title:	Phone Number:

### Job Referral Source

How did you hear about this position? (Select all that apply)

- Online Job Board
- Referral
- Staffing Agency
- School
- State Workforce Commission
- Other \_\_\_\_\_

## Employment Application

### Applicant Acknowledgement

My signature below certifies that I understand and agree that I am applying for employment with The Young Learners Group, referred herein as "Company", or "Young Learners Group" and which consists of The Learning Lane, Linder Young Learners Academy, The Woodlands Young Learners Academy, and Oak Ridge Young Learners Academy, collectively referred to as Company. By signing below, I declare that the information I provide on this Employment Application, including any other document used in determining my eligibility and suitability for employment, and continued employment, with the Company is true, accurate, and complete to the best of my knowledge. I understand and agree that any false information, omission or misrepresentation made either voluntarily or involuntarily, whether discovered before or after a job offer is made to me, may result in the rejection of an offer for employment with the Company. If I am offered a job and become employed by the Company, I understand and agree that any false information, omission or misrepresentation, made either voluntarily or involuntarily, discovered at any time during the course of my employment with the Company, may result in the immediate termination of my employment with the Company.

I understand and agree that this Employment Application shall be used by the Company in evaluating my qualifications for employment. Furthermore, I understand and agree that a background investigation, interview and other applicable tests and reviews in connection with the job that I am being considered for may be required in order to determine my eligibility and suitability for employment, including continued employment. My signature below authorizes the Company and its authorized representatives to conduct a background investigation and any other related reviews to determine my eligibility and suitability for employment in connection with the job that I am being considered for. I understand and agree that if I am offered employment with the Company that I may be required to submit to a drug and alcohol pre-employment screen. Moreover, I understand and agree that any offer of employment is contingent upon the results of a drug and alcohol screen. I understand and agree that any information collected during a background investigation, drug and/or alcohol screen, or any other evaluation to determine my eligibility and suitability for employment with the Company will be kept confidential by the Company and its authorized representatives to the extent permissible by local, state and federal law.

I understand and agree that this Employment Application is not, and shall not be construed as, an offer, promise or guarantee of employment with the Company. I also understand and agree that if I am offered employment with the Company that my employment is at-will, meaning that either the Company or I can end the employment relationship at any time, with or without cause, and with or without notice, unless expressly stated and approved otherwise in writing by the Executive Director.

My signature below authorizes the Company, or its duly authorized representative, to correspond with me using the email address I provide on this employment application. Correspondences include, without limitation, employment related information and health and life insurance benefits related information, if I am eligible for health and life insurance benefits.

I acknowledge that my signature below is provided knowingly and voluntarily, and that I have fully read, understand and agree to all of the provisions stated in this Employment Application. I also acknowledge that I have had the opportunity to ask questions before signing this Employment Application, and that all of my questions have been answered and explained to me in a manner in which I understand.

**Applicant Signature:**

**Date Signed:**



### Background Check Consent

As part of its due diligence procedures, the Young Learners Group, which consists of The Woodlands Young Learners Academy, Linder Young Learners Academy, The Learning Lane, and Oak Ridge Young Learners Academy (hereafter referred to as "Company") require that a background investigation and a check of references be conducted. The objectives of the investigation are to verify information provided during the application process, investigate references and identify any factors that might be inconsistent with Company employment requirements.

I, \_\_\_\_\_, give Company, and/or its duly authorized representative, and/or Texas Department of Family & Protective Services permission and authority to conduct a due diligence investigation and reference check into my past and current activities. I understand and consent to an investigation that may include, but is not limited to, information as to my personal character, general reputation, verification of previous employment and employment references, verification of education, credit history, motor vehicle driving record, social security wage information, criminal records and other information contained in public records. In addition, I grant permission and authority to Company and/or Texas Department of Family & Protective Services to obtain past employment information in compliance with regulations of the U.S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, regarding DOT drug and alcohol testing results from past employers.

I authorize and request any Companies, Former Employers, Schools, Police Departments, States, Cities and Counties or any other Person to furnish Company and/or Texas Department of Family & Protective Services designees information concerning:

- |                             |                        |                   |                    |
|-----------------------------|------------------------|-------------------|--------------------|
| My Work Habits              | Character              | Criminal Record   | Reputation         |
| Social Security Information | Reason for Termination | Salary History    | Employment History |
| Driving Record              | Transcripts            | Education History | Credit History     |

All other relevant information requested by Company

I hereby release the Young Learners Group, all persons, Companies, Corporations, Schools, or Individuals from all liability and responsibility that may result from providing Company and/or Texas Department of Family & Protective Services with such information as requested. I understand that if hired, my employment is for no definite period of time, consistent with state law, and may be terminated with or without cause and with or without notice, at any time, at the option of either Company or myself. No employee, representative, manager, official or supervisor of Company, other than the Executive Director of Company, has any authority to enter into any agreement for employment for a specified period of time or make any agreement relative to employment that is contrary to the foregoing. Any such employment agreement will be in writing, signed by the Executive Director, or other duly authorized Director, and clearly specifying its term. If I am not hired due to information contained in the background screen report, I will be notified in writing and a copy of the said report will be supplied to me with a written summary of my rights under the Fair Credit Reporting Act.

_____ Applicant Full Name (Print)	_____ Social Security Number
_____ Alternate Names Used (Maiden Name, AKA, Etc.)	
_____ Current Street Address	_____ City, State and Zip Code
_____ Former Street Address	_____ City, State and Zip Code
_____ Driver's License Number & State	_____ Date of Birth
_____ Signature	_____ Date





### Child Care Licensing Request for Background Check

Use this form to request background checks required by Texas Administrative Code (TAC) §745.605. You can also submit background check requests through HHSC's Child Care Provider website.

See the chart below for instructions based on operation type for submitting background check requests.

If,	Then,
Your operation is a licensed child care center, school-age program, before- or after-school program, licensed child care home, registered home or residential care provider,	your operation must submit background check requests via HHSC's, <u>Child Care Provider</u> page.
Your operation is a listed family home, employer-based child care operation or shelter operation,	your operation may submit background check requests via HHSC's Child Care Provider page, email the form to <a href="mailto:CBCUbackgroundchecks@dfps.state.tx.us">CBCUbackgroundchecks@dfps.state.tx.us</a> , fax the background check form to 512-339-5871, or mail the background check form to: HHSC, Centralized Background Check Unit, P.O. Box 149030, Mail Code 121-7, Austin, TX 78714-9030.

Directions: Complete the following information for each person required to have a background check. Download additional forms from the HHS forms website <https://hhs.texas.gov/laws-regulations/forms>.

#### Operation Information

Operation Name	Operation No.	Operation Area Code and Telephone No.
Operation Address (Street, City, State, ZIP Code)		
Operation Mailing Address (Street, City, State, ZIP Code)		County

#### Verification Signatures

I verified (by reviewing the person's Social Security card 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 HHSC 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 Signed



**Individual's Identifying Information**

Initial       Renewal       Fingerprint Check Required       FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name
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List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results.

Other First Names	Other Middle Names	Other Last Names
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Address (Street, City, State, ZIP Code)

County	Area Code and Telephone No.	Date of Birth	Gender: <input type="radio"/> Male <input type="radio"/> Female
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List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.

Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	Race <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native
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Social Security No.	Photo ID Type: <input type="checkbox"/> Driver License: No. _____ State _____ <input type="checkbox"/> State ID: _____ <input type="checkbox"/> Passport: _____	<input type="checkbox"/> Canadian SIN: _____	<input type="checkbox"/> Military ID: _____	<input type="checkbox"/> Permanent Resident Card: _____
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Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

Email \_\_\_\_\_       Area Code and Telephone No. \_\_\_\_\_

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

**Role at Operation:**

Adoptive Parent     Contracted Service Provider     Director     Foster Parent     Foster/Adoptive Parent  
 Household Member     Frequent/Regular Visitor     Licensed Administrator     Owner/Permit Holder  
 Staff/Employee     Unverified Respite Provider     Volunteer

**Job Duties/Title:**

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

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?.....  Yes    No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

**What age(s) of children will this person be caring for?**

0 – 17 months     18 months – 2 years     3 years – 4 years     5 years – 13 years     14 years – 17 years  
 Over 17 years     N/A

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.



- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



## CPR/First Aid Certification & HIPAA Training Requirements

### CANDIDATE INFORMATION

Last Name	First Name	Date
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### REQUIREMENTS OF EMPLOYMENT

All employees of Young Learners Group (“Company”) or (“Young Learners Group”), which consists of The Learning Lane, Linder Young Learners Academy, The Woodlands Young Learners Academy, and Oak Ridge Young Learners Academy collectively referred to as the Company, are required to have a valid CPR/First Aid certification, or re-certification, upon date of hire with the Company, and throughout the course of employment with the Company. Obtaining CPR/First Aid certification, or re-certification, is at your own expense, and is a condition of employment, including continued employment, with the Company. Failure to have a valid CPR/First Aid certification, or re-certification, as of your date of hire with the Company, or failure to maintain a valid CPR/First Aid certification throughout the course of your employment with the Company, will result in the withdrawal of an employment offer, or termination of employment with the Company.

All employees of The Learning Lane are required to take a HIPAA Privacy course within the first 30 calendar days of employment with The Learning Lane course must be taken by a training provider approved by The Learning Lane, and at your own expense. Successful completion of the course must occur within the first 30 calendar days of employment with The Learning Lane, or employment with The Learning Lane will be subject to termination. Certificates of completion must be given to the Executive Director to be kept in the employees file.

### DISCLAIMER AND SIGNATURE

I certify that I have read and understand the Company’s requirements for CPR/First Aid certification and completion of a HIPAA Privacy awareness course, for The Learning Lane employees, in connection with employment at Young Learners Group, and that I am willing and able to comply with the requirements herein if I am offered employment with Young Learners Group.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date



**Instructions:** In the space below, please answer the following question.

1. Why do you want to work for The Learning Lane/Linder Young Learners Academy/The Woodlands Young Learners Academy/Oak Ridge Young Learners Academy?
2. What skills do you have that you think would make you a good fit for the position you are applying for? (include previous experience with children)

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date