

EMPLOYEE APPLICATION

Application Date: _____

PERSONAL INFORMATION

Name: _____ Phone Number: _____

Address: _____

Email: _____

Are you of the age of 18 or older? Yes/No U.S. Citizen: Yes/No

In the case of an emergency, contact:

Name: _____ Relationship: _____

Address: _____

Phone: () _____ Phone: () _____

Are you under a doctor's care? Yes/No If yes, explain: _____

Are you able to lift up to 25 lbs? Yes/No If no, explain: _____

Do you have any disabilities? Yes/No If yes, explain: _____

Have you ever been convicted of a crime? Yes /No If yes, explain: _____

Are you presently employed? Yes /No

Position applying for: _____ Preferred Age Group: _____

Group Care Experience: _____

Part Time Full Time Expected Salary: _____

Hours/Days you cannot work: _____

Will you have a child attending? Yes/No

EDUCATIONAL BACKGROUND

High School: _____ Received Diploma or Equivalent? Yes/No

College: _____ Received Diploma or Equivalent? Yes/No

Major: _____

Postgraduate College: _____ Received Diploma or Equivalent? Yes/No

Major: _____

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EMPLOYMENT HISTORY -- Please list previous employment, starting with most recent (You may attach a resume with additional information)

May we contact the individuals below for references of your work? Yes/No

If no, please explain: _____

-Place of Employment _____ Position _____

Duties _____

Start Date _____ Ending Date _____

Reason for Leaving _____

Supervisor _____ Phone Number _____

-Place of Employment _____ Position _____

Duties _____

Start Date _____ Ending Date _____

Reason for Leaving _____

Supervisor _____ Phone Number _____

-Place of Employment _____ Position _____

Duties _____

Start Date _____ Ending Date _____

Reason for Leaving _____

Supervisor _____ Phone Number _____

By completing this application, you give permission for the child care director to contact your references, verify your past work history, conduct a criminal background check, verify your driving record, and contact your previous employers to determine your suitability in working in the child care center.
By signing this application, you affirm that the information is true to the best of your knowledge. You also agree to release the center for any liabilities that result from the verification.

Signature

Date