



DATE

POSITION DESIRED/FT OR PT

DESIRED WAGES

DATE AVAILABLE

Employment Application

NAME (First) (Middle) (Last) SPOUSE'S NAME IF MARRIED

HOME STREET ADDRESS CITY STATE CELL PHONE

BIRTHDATE SOCIAL SECURITY NUMBER EMAIL ADDRESS

If you are under age 18, can you submit a work permit if hired? _____YES _____NO _____ I am over the age of 18

Are you a US citizen? _____YES _____NO

If you are not a US citizen, do you have a VISA to work in the US? _____YES _____NO

If yes, what kind of VISA classification? _____ Visa Registration No: _____ Expiration Date: _____

Has bond or security clearance ever been denied and/or canceled? _____YES _____NO

If yes, please explain: _____

EDUCATION (Attach documentation of qualifying education)

PLACE DATES DIPLOMA CERT. OR DEGR

High School

College

Other

EXPERIENCE WITH CHILDREN (Indicate ages of children, your duties, and dates you worked or volunteered.)

(Attach any documentation of experience working with children.)

Do you have any children that need child care while you are at work? _____YES _____NO

If yes, please list their name and ages: _____

(Please note: While we do offer child care benefits for our staff, enrollment is not guaranteed. It depends on our available space, number of staff children currently enrolled, and other important details.)

LIST YOUR TEN-YEAR EMPLOYMENT HISTORY. BEGIN WITH YOUR MOST CURRENT OR LAST EMPLOYER. IF YOU HAVE BEEN UNEMPLOYED DURING ANY TIME WITHIN THE PAST TEN YEARS, LIST HOW YOU SPENT YOUR TIME. EXAMPLE: STUDENT, HOUSEWIFE, UNEMPLOYED, ETC.

MONTH/YEAR	NAME, PHONE, & ADDRESS OF EMPLOYER	POSTION AND DUTIES	REASON FOR LEAVING
<u>FROM:</u> <u>TO:</u>			
<u>FROM:</u> <u>TO:</u>			
<u>FROM:</u> <u>TO:</u>			
<u>FROM:</u> <u>TO:</u>			
<u>FROM:</u> <u>TO:</u>			

May we contact previous employers? _____YES _____NO

Do you have a criminal record? _____YES _____NO

If yes, explain _____

Have you ever been shown by credible evidence, e.g., a court order or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? _____YES _____NO

If yes, explain: _____

Can you perform the essential function of the position for which you are applying? _____YES _____NO

If no, please explain: _____

Do you have a valid driver's license? _____YES _____NO If yes, give the license number and class: _____

Have you had CPR and first aid training within the past two years? _____YES _____NO

If yes, give expiration date: _____

Have you attended any completed any child care training courses? _____YES _____NO

If yes, please list: _____

Our state licensing department requires annual child care training, are you will to participate? _____YES _____NO

I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug Free Workplace and may be required to submit to testing for the presence of drugs as a condition for employment.

Signature: _____ Date: _____