

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**(PLEASE PRINT)**

Positions(s) Applied For:	Date of Application
How Did You Learn About us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

Best time to contact you at home is .....:..... am  
 ..... pm

Are you 18 years of age or older?.....  Yes  No

Have you ever been convicted of a felony?.....  Yes  No

Have you ever filed an application with us before?.....  Yes  No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?.....  Yes  No  
 If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?.....  Yes  No

Are you currently employed?.....  Yes  No

May we contact your present employer?.....  Yes  No

Are you available to work:                       Full-Time  
     Closing Position

Date available to work \_\_\_/ \_\_\_/ \_\_\_                      What is your desired salary range? \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



# EMPLOYMENT EXPERIENCE

Start with your present or last job **RELATED TO CHILDCARE**. You may exclude organizations, which indicate race, color religion, gender, national origin, disabilities or other protected status.

1. Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

# EMPLOYMENT EXPERIENCE CONTINUED

Start with your present or last job **NOT RELATED TO CHILDCARE** or if necessary continue jobs related to childcare. You may exclude organizations which indicate race, color religion, gender, national origin, disabilities or other protected status.

1. Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

# ADDITIONAL INFORMATION

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**Why do you want to work with young children?**


*State any additional information you feel may be helpful to us in considering your application.*


## REFERENCES

**Please list three work- related references:**

1.		
	(Name)	Phone #
2.		
	(Name)	Phone #
3.		
	(Name)	Phone #

**Please list three personal references:**

1.		
	(Name)	Phone #
2.		
	(Name)	Phone #
3.		
	(Name)	Phone #

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_\_ YES \_\_\_\_\_ NO

## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

### **FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No Date \_\_\_\_\_ Time \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer

Date

Employed Yes No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department/Center \_\_\_\_\_

By \_\_\_\_\_

Name and title

Date