



## APPLICATION FOR EMPLOYMENT

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Telephone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Date if under 18 years of age \_\_\_\_\_

If you are under 18 years of age can you provide  
required proof of your eligibility to work? \_\_\_\_\_ 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 \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming  
employed in this country because of  
Visa or Immigration Status? \_\_\_\_\_ Yes \_\_\_\_\_ No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

Are you currently on "lay-off" status and subject  
to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, please explain \_\_\_\_\_

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## EDUCATION

SCHOOL	YEARS ATTENDED	NAME OF SCHOOL	CITY/STATE	COURSE DEGREE HOURS
HIGH SCHOOL				
COLLEGE				
OTHER CHILD CARE TRAINING				

## EXPERIENCE

NAME & ADDRESS OF EMPLOYER	DATE FROM	DATE TO	JOB DUTIES

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

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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 description of the activities involved in such a job or occupation is attached.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

I understand I am required to be electronically finger printed.

\_\_\_\_\_ Yes

I have received a Child Abuse Record Information (CARI) form and given permission for a CARI check. \_\_\_ Yes

# REFERENCES

1. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address

3. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address

I certify that answers given herein are true and complete to the best of my knowledge.

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.

I have received and read the center's policy on the discipline of children. \_\_\_\_\_ Yes

I have received and read the Information to Parents Document. \_\_\_\_\_ Yes

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

\_\_\_\_\_  
Date