



EMPLOYMENT APPLICATION

Employment Date: _____

Full Name of Applicant _____
Last First Middle Previous Names

Address _____
Street City Zip

Date of Birth _____ Telephone/Cell phone _____ E-mail address _____ Social Security Number _____
Month/Day/Year

Person to contact in event of emergency. _____
Name

_____ Address Home Telephone Work Telephone

EDUCATION EXPERIENCE:

High School _____
Name City State Year of Graduation

College _____
Name City State Year of Graduation Major

College _____
Name City State Year of Graduation Major

Additional Training (Postgraduate, First Aid, Infant/Child CPR, 40-Hour Introductory Training Requirement, Credentialing Requirement) _____

Professional Affiliations _____

Position Desired: _____ Full Day Half Day Date Available _____

This statement must be signed by all children’s center staff members on or before their hire date. It does not need to be signed again unless there is a 90-day break in service:

1. Have you ever held a child care license with the Department of Children and Families or any other regulatory body in any geographic location or been registered to provide child care in your home?

Yes No

2. Have you ever worked in a facility that has had a license denied, revoked, or suspended?

Yes No

3. While employed in a child care program, have you ever been the subject of disciplinary action, or been the party responsible for a child care facility receiving an administrative fine or other disciplinary action?

Yes No

If yes, please explain:

I attest under penalty of perjury that the above answers are true.

Signature

Date

USE ATTACHED SHEETS TO PROVIDE 5 YEAR EMPLOYMENT HISTORY INFORMATION TO BE CHECKED PRIOR TO EMPLOYMENT. PLEASE ACCOUNT FOR THE COMPLETE 5 YEAR TIMEFRAME – THERE SHOULD BE NO GAPS – IF YOU WERE NOT EMPLOYED FOR A PERIOD OF TIME – PLEASE NOTE THOSE DATES.

EMPLOYMENT HISTORY CHECK
(ATTACH TO EMPLOYMENT APPLICATION)

List below all present and past employment, in chronological order, of any jobs you held during the previous 5 years. Please list gaps in employment and the reason why, i.e., student, stay at home parent, etc.

<p>1. Place of Employment _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Phone: _____</p> <p>Dates of Employment From: _____ To: _____</p> <p>Position Held: _____</p> <p>Supervisor's Name: _____</p> <p>Telephone Number: _____</p> <p>Reason for Leaving: _____</p> <p>_____</p> <p>Job Duties:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Attach additional sheets if necessary.</p>

<p>FOR OFFICE USE ONLY:</p> <p>Date Employment Verified: _____</p> <p>Findings, if applicable _____</p> <p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p> <p>Owner/Directors Initials _____</p>
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2. Place of Employment _____

Address: _____

City: _____ State: _____

Phone: _____

Dates of Employment From: _____ To: _____

Position Held: _____

Supervisor's Name: _____

Telephone Number: _____

Reason for Leaving: _____

Job Duties: _____

Attach additional sheets if necessary.

FOR OFFICE USE ONLY:

Date Employment Verified: _____

Findings, if applicable _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

Owner/Directors Initials _____

3. Place of Employment _____

Address: _____

City: _____ State: _____

Phone: _____

Dates of Employment From: _____ To: _____

Position Held: _____

Supervisor's Name: _____

Telephone Number: _____

Reason for Leaving: _____

Job Duties: _____

Attach additional sheets if necessary.

FOR OFFICE USE ONLY:

Date Employment Verified: _____

Findings, if applicable _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

Owner/Directors Initials _____