

PROFESSIONAL CHILD CARE APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			
DATE OF APPLICATION	POSITION(S) APPLIED FOR: <input type="checkbox"/> Management <input type="checkbox"/> Teacher <input type="checkbox"/> Cook <input type="checkbox"/> Other		
REFERRAL SOURCE: <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Online Ad <input type="checkbox"/> DaySchools Website <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other			
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS	CITY	STATE	ZIP
TELEPHONE	DRIVERS LICENSE NUMBER	SOCIAL SECURITY NUMBER	
SPOUSE'S NAME	SPOUSE'S EMPLOYER	SPOUSE'S WORK PHONE	
ARE YOU AT LEAST 16 YEARS OLD? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU AT LEAST 21 YEARS OLD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CAN YOU FURNISH A HIGH SCHOOL DIPLOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	ARE YOU ENROLLED IN A CHILD CARE RELATED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, NAME OF PROGRAM	
HAVE YOU EVER WORKED AT DAY SCHOOLS BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DESIRED STARTING PAY \$ _____ PER		
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, WHERE?	MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			
DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> Yes <input type="checkbox"/> No		PREFERRED WORKING HOURS <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon/Evening	
ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?		ARE YOU AVAILABLE TO WORK <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Flexible <input type="checkbox"/> Temporary	
HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, PLEASE EXPLAIN	
HAVE YOU EVER BEEN CHARGED WITH SEXUAL OR CHILD ABUSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, PLEASE EXPLAIN	
ARE YOU AN UNLAWFUL USER OR ADDICTED TO MARIJUANA, NARCOTICS, ALCOHOL, STIMULANT OR OTHER SUBSTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		MAY WE HAVE PERMISSION TO DO A CRIMINAL RECORDS CHECK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that according to the Department of Human Services a criminal check is necessary and the fee for the check will be deducted from my first paycheck if employed.			
Signature: _____		Date: _____	
Summarize special skills and qualifications from employment or other experiences that may be helpful in considering your applicaiton. Also include foreign languages spoken, equipment operating abilities, special training, etc.:			

EDUCATION

NAME AND LOCATION OF HIGH SCHOOL		YEAR GRADUATED OR PASSED GED	
NAME AND LOCATION OF COLLEGE, UNIVERSITY, OR TRADE SHOOOL		YEARS ATTENDED	
MAJOR OR PRIMARY FIELD OF STUDY		DEGREE(S) CONFERRED	
ATTENDANCE <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		CREDIT HOURS EARNED	
NAME AND LOCATION OF COLLEGE, UNIVERSITY, OR TRADE SHOOOL		YEARS ATTENDED	
MAJOR OR PRIMARY FIELD OF STUDY		DEGREE(S) CONFERRED	
ATTENDANCE <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		CREDIT HOURS EARNED	

WORK EXPERIENCE

List most current employer first

NAME OF EMPLOYER		ADDRESS		PHONE			
STARTING DATE		LEAVING DATE		STARTING SALARY		FINAL SALARY	
JOB TITLE				NAME OF SUPERVISOR			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		JOB DESCRIPTION AND RESPONSIBILITIES					
WERE YOU FIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No		EXPLAIN REASON / CIRCUMSTANCES					
If we contact this employer, would you expect them to say they would re-hire you for the position you last held there? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:							
NAME OF EMPLOYER		ADDRESS		PHONE			
STARTING DATE		LEAVING DATE		STARTING SALARY		FINAL SALARY	
JOB TITLE				NAME OF SUPERVISOR			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		JOB DESCRIPTION AND RESPONSIBILITIES					
WERE YOU FIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No		EXPLAIN REASON / CIRCUMSTANCES					
If we contact this employer, would you expect them to say they would re-hire you for the position you last held there? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:							
NAME OF EMPLOYER		ADDRESS		PHONE			
STARTING DATE		LEAVING DATE		STARTING SALARY		FINAL SALARY	
JOB TITLE				NAME OF SUPERVISOR			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		JOB DESCRIPTION AND RESPONSIBILITIES					
WERE YOU FIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No		EXPLAIN REASON / CIRCUMSTANCES					
If we contact this employer, would you expect them to say they would re-hire you for the position you last held there? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:							

SIGNATURE

By signing this application for employment, I certify that I have read and understand all parts of it and certify that I have truthfully and completely answered all questions. I understand that falsification of any of the information given herein or on any other employment form is grounds for immediate termination, regardless of when such falsification may be discovered.

I authorize Day Schools and its representatives to investigate my education and employment experience and all other aspects of my background relevant to my proposed employment, including all statements made by me in my application for employment. I also release Day Schools and its representatives, as well as any person to whom such inquiry is directed, from any liability arising directly or indirectly from any such investigation.

I understand my employment may be terminated at any time, with or without cause, at the option of either Day Schools or myself. I understand that no employee or representative of Day Schools has any authority to make any agreement that is contrary to the foregoing.

If accepted for employment, I agree to comply with all company policies and procedures, and with all rules and regulations made known at the time of employment, either in writing or verbally, or at any other time thereafter; and to perform all duties assigned to me to the best of my ability.

Signature: _____

Date: _____

REFERENCES

	Name	E-mail address	Phone Number
WORK REFERENCES	1.		
	2.		
	3.		
PERSONAL REFERENCES	1.		
	2.		
	3.		

INTERVIEW COMMENTS

To be completed by Day Schools

Day Schools is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.