



## Employment Application

Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date You Could Begin Work: \_\_\_\_\_ Full or Part Time Preferred: \_\_\_\_\_

Education:  
High School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

How did you learn of our organization? \_\_\_\_\_

Have you ever applied for employment with us before? If so, when? \_\_\_\_\_

Have you ever been convicted of a crime? (If yes, explain in full. Attach additional sheet if necessary): \_\_\_\_\_

Do you currently have a physical or mental illness that would require precautions to assure that this condition is not a health threat to yourself or the children for whom you provide care? (Example—back problems with lifting restrictions)

Please describe any experience that you have working with children \_\_\_\_\_

Do you have a valid Drivers License? \_\_\_\_\_ Are you First Aid Certified? \_\_\_\_\_  
Are you CPR Certified? \_\_\_\_\_ First Steps will require you to take CPR within your first month of employment. We will provide you with the class times and pay for the cost of CPR and First Aid.

Please list your last two employers.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

May we call your previous employers? \_\_\_\_\_

In addition to your work history, are there other skills, qualifications, or experience that we should consider? \_\_\_\_\_

Please list a character reference other than relatives.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Circle Center where position is available: East Central Age Group? Infant Toddler Twos Preschool School Age

Desired Hourly Wage: \_\_\_\_\_