

EMPLOYMENT APPLICATION

Position:	Date Availability:				
Full or Part Time:	Desired Pay:	Desired Pay:			
PERSONAL					
Name: Last:	First:	Middle	Middle		
Address: Street:	City:	State:	Zip:		
Home/Cell Phone:	Email Address:				
Are you 18 years or older? Yes No	If no, please state	If no, please state age:			
Do you have any medical condition(s) that may interfere with fulfilling the responsibilities of the position for which					
you are applying? Yes No					
If so, please explain:					
Have you ever been convicted of a felony, barrier crim	e or founded Child pro	tective Service con	mplaint? Yes 🗌 NO		
If so, please explain:					
Employment requires Criminal Background Clearances	. Is the acceptable to	you? Yes	No		
In case of emergency, who can we notify?					
Address: Street:	City	State:	Zip:		
Phone:		Relationship:			
DISCLOSURE: BEFORE DRIVING A VEHICLE TO TRANSPORT CHILDREN, I REALIZE THAT I AM REQUIRED TO DISCLOSE ANY MOVING TRAFFICE VIOLATION THAT OCCURRED FIVE YEARS PRIOR TO OR DURING EMPLOYMENT OR ASSIGNMENT AS A DRIVER.					
Signature:	Ι	Date:			
EDUCATIO	N AND TRAINING				
1. Name of High School: Date of graduation or GED:			or GED:		
Address:					
2. Name of College/University:			nber of years or credits Completed:		
Address: Degree(s) earned:					
3. Additional training or certicates that would be helpful in evaluating your application:					
EXPERIENCE					
Begin with the current or most recent employment (including mility experience). Use additional paper if necessary.					
1. Position: Date: From: To:					
Employer:	Full Time				
Address:	Job duties:				
Phone:	· · · · ·	Immediate Supervisor:			
Reason for leaving:		Are you eligible for rehire? Yes No			
Pay: From: To:	May we contact y	May we contact your employer? Yes No			



KinderKidz Learning Center

2. Position:	D	Date: From:	То:	
Employer:		Full Time Part Time		
Address:	Jo	ob duties:		
Phone:	In	Immediate Supervisor:		
Reason for leaving:	A	Are you eligible for rehire? Yes No		
Pay: From: To:	Μ	May we contact your employer? Yes No		
3. Position:	D	Date: From: To:		
Employer:		Full Time Part Time		
Address:	Jo	ob duties:		
Phone:	In	Immediate Supervisor:		
Reason for leaving:	А	Are you eligible for rehire? Yes No		
Pay: From: To:	Μ	May we contact your employer? Yes No		
Please list any volunteer work or other experience ralated to child care:				
REFERENCES				
1. Name:	Title:		ationship:	
Company:		Phone:		
Address:	1			
2. Name:	Title:		ationship:	
Company:		Phone:		
Address:	1			
3. Name:	Title:	Relationship:		
Company:		Phone:		
Address:				
PLEASE ANSWER THE FOLLOWING QUESTIONS:				
1. Why are you interested in working with children or at KinderKidz learning Center?				
2. What special skills and talents could you add to our program?				
3. What is your style of guilding children's behavior?				
4. What are your goals for the position for which you are applying?				
5. How did you hear about the position?				
I certify the information in this application is true, and I give KinderKidz permission to contact any of the people/agencies listed above.				
I understand that I will be required to submit written information to demonstrate that I possess the education, orientation training, staff development, certification, and experience required by the job position.				
I hereby certify that the information given in this application is true and complete to the best of my knowledge.				
Name: S	Signature:	Today's Date:		