



KIDS KREATIONS

Childcare & Early Learning Centers

APPLICATION FOR EMPLOYMENT

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date where indicated.

Date of Application: _____

PERSONAL INFORMATION

Last Name

First Name

MI

Home Address, Street, P.O. Box, Apt. #

City

State

Zip

Are you eligible to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Have you ever been convicted of or pleaded no contest to a felony? Yes No

If Yes, please explain: _____

Position applying for: _____ Have you ever worked in childcare? Yes No

Hours you can work: Full Time Part Time Split Shift

Rate of pay expected: \$_____ / per hour

Days available for work: MON TUE WED THU FRI

Hours of operations are from 6:30am to 6:00pm. Are you available to work during these hours? Yes No

Hours available to work: From: _____ To: _____

What date are you available to start work? _____

Do you have reliable transportation? Yes No

Emergency Contact:

First Name

Last Name

Phone Number

EDUCATIONAL BACKGROUND

School Attended	Dates Attended	Study/ Degree/ Yr. of Graduation

List other skills, qualifications, certifications or experience _____



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EMPLOYMENT HISTORY

List your three (3) most recent employers below:

1) Employer Name:

Address:

Supervisor Name:

Employer Phone #:

Position/ Job Title:

Dates of Employment;

From:

To:

Job Responsibilities:

Ending Salary:

Reason for leaving:

2) Employer Name:

Address:

Supervisor Name:

Employer Phone #:

Position/ Job Title:

Dates of Employment;

From:

To:

Job Responsibilities:

Ending Salary:

Reason for leaving:

3) Employer Name:

Address:

Supervisor Name:

Employer Phone #:

Position/ Job Title:

Dates of Employment;

From:

To:

Job Responsibilities:

Ending Salary:

Reason for leaving:



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PHYSICAL RECORD

How would you describe your general health? _____

Have you any impairment in (Please check all that apply): Hearing Vision Speech

Please describe any previous *serious* illnesses: _____

Have you ever been seriously injured? No Yes If yes, please describe the injury and when it occurred: _____

Are there any physical or personal limitations on the type of work that you can do with children while they are in your care or the amount of time you can spend at work?

No Yes - Please explain: _____

Date of last physical exam? _____

By checking this box, I authorize this prospective employer to inquire as to my record of any or all persons and of my former employers. In the event of my employment with Kids Kreations Childcare Center, I agreed to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agreed to file my exit resignation two (2) weeks prior to the effective date of termination It is my understanding that the first thirty (30) days of my employment are probationary, and if my services have not provided satisfactory, my employment may be discontinued on a weeks' notice without prejudice.

Please list three references (not including relatives or former employers):

1) Name:		Address:	
Occupation:		Telephone:	
2) Name:		Address:	
Occupation:		Telephone:	
3) Name:		Address:	
Occupation:		Telephone:	

IMPORTANT – READ BEFORE SIGNING

I verify and confirm that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information contained in this application form.

Print First & Last Name

Signature

Date