



Application for Employment Chapel Grove Childcare



(Please Print)

Date of Application _____

Last Name _____ First name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Date of Birth ____/____/____ Driver's License Number _____

Position Applied for _____

Have you ever been convicted of breaking a law other than a minor traffic violation? YES NO

If yes, give the date and explain fully _____

Have you ever had Department of Social Services (DSS) substantiation? YES NO

If yes, list county/State and give the date and explain fully _____

(The offense(s) and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Schools	Dates Attended	Coursed of Study	Degree/Diploma
High School	to		
College or University	to		
Educational Vocational school, etc.			

Child care training you have completed in the last three years (such as first aid, CPR, CDA, ITS SIDS, ect.):

References

List the names, addresses, email, and phone numbers of two people we may contact as references:

-
-

Work History

(List child care/early childhood experience first)

Current or Last Employer _____ Job Title _____

Supervisor's Name _____ Date employed (mo/yr) ____/____

Ending Salary \$_____

May we contact employer? Yes / No Date that you left this employment (mo/yr)____/____

Duties: _____

Full Time / Part Time

Current or Last Employer _____ Job Title _____

Supervisor's Name _____ Date employed (mo/yr) ____/____

Ending Salary \$ _____

May we contact employer? Yes / No Date that you left this employment (mo/yr) ____/____

Duties: _____

Full Time / Part Time

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date _____

Received and Interviewed by: _____ Date _____