Application for Employment

Are you 18 years of age or older? Social Security #			Name_
Were you ever employed here? Yes / / No / / If yes, when? Have you ever applied here? Yes / / No / / If yes, when? Number of days missed work in last six months? Has a court ever denied you parental custodial or visitation rights as a result of child maltreatment? Yes / / No / / If yes, explain Have you ever been convicted of any of the following: Yes / / No / / 1) Capital murder; 2) 1st or 2nd degree murder; 3) Manslaughter; 4) 1st or 2nd degree battery; 5) Aggravated assault; 6) 1st degree terroristic threatening; 7) Kidnapping; 8) 1st degree false imprisonment; 9) Permanent detention or restraint; 10) 1st/2nd degree rape or carnal abuse; 11) 1st/2nd degree sexual abuse; 12) 1st/2nd degree violation of a minor; 13) Incest; 14) 1s degree endangering of a minor; 15) Permitting child abuse; 16) Engaging children in sexually explicit conduct for the use in visual or print; medium, transportation of minors for prohibited sexual conduct, use of a child or consent to use of a child in sexual performance, by producing directing, or promoting sexual performance by a child; 17) Criminal attempt, criminal solicitation or criminal conspiracy to commit any of the above offenses; 18) Distribution to minors, { of any controlled substance}; 19) Manufacture, delivery, or possession with intent to deliver or manufacture of any controlled substance; and, 20) Carnal abuse in th third degree; 21) Sexual solicitation of a child; 22) Pandering or possessing visual or print medium depicting sexually explicit conduct involving a child; 23) Negligent homicide; 24) Assault in the third degree; 25) Coercion; 26) Sexual misconduct; 27) Public sexual indecency; 28) Indecent exposure; 29) Endangering the welfare of a minor in the second degree; 30) Any felony or misdemeanor involving violence or sexual misconduct. EDUCATION (Give name, address, location, highest grade completed, date of leaving) College major controlled in the promotion of the pro	Are you 18 years of age or older? Social Security #	Phone #	Address
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Name					
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	PRY Please attach a resume of references. PLEASE Employer's Name	GIVE MONTH AN	history for the pas D YEAR .		yed, supply business Reason for
	Employer's Name Address and Phone #	From / To	Duties	Last Supervisor	Leaving
					-
re you now or	do you expect to be engage	ed in other business	or employment?	If yes, explain	
ieck you work	record				
ARRATIVE hy do you war	nt to work in our program?		-		
you feel best	qualifies you for this job?_				
İ	certify that everything in the that misleading or incorrect employed, would be cause information regarding my eliability for issuing such info	t statements or con for termination. I a mployment, charact	sequential omiss uthorize the indiv	ions may render the ap riduals or institutions na	plication void, or in med above to give

Do you have documentation of an annual TB skin test? Yes $/\ /\ No$ / /

EMPLOYMENT REFERENCE CHECK

Re:		1			
_					
Contact:_					
Phone	Name		Title	Company	
This is		With _			
_	(your name)			ne of your center)	
(Applicant) has listed your verifying son	has applied with us for a job as _ ou as a former employer. I have me of the information given to us	his/her authorizat	ion for a referer	nce check and I'm	and
1. When d	id she/he work for you?	From	To		
2. What wa	as the nature of his/her job?				
3. How ma	any people, if any, did she/he	supervise? For	how long?		
4. How wo	uld you describe his/her perfo	rmance?			
5. How wa	s his/her work attendance?				
6. How we	ll did he/she work (get along) v	with employees a	and others?		
7. What wo	ould you say were his/her stro	ng points and we	eak points?		
8. Was she	e/he dependable?				
9. Could ye	ou comment on his/her ability	to take responsik	oility?		
Signature				Date	

Personal Reference Check

R	le:					
- С	ontact: _					
	N	lame		Address		Phone
T	his is	(yo	ur name)	With	(Name of c	center)
a	and has lis				e his/her authorization	,
1.	. How Ion	g have you	ı known him/her	?		
2.	In which Othe	of the follor. If other	owing capacities then please des	do you know h scribe the capac	im/her: Friend, _ city in which you kno	_ Co-worker, w him/her.
3. to	Do you hhim/her?	nave any p If so, ple	ersonal knowled ase describe wh	dge of how s/he at you have se	relates to children a en and heard.	and they relate
	. Do you ł ave you vi		nowledge of the	discipline prac	tices used by him/he	er? If so, what
5.	. Would y	ou recomr	nend him/her to	work in a child	care facility?	
6.	Is there	anything e	lse you would th	ink we should k	know?	
		Signatu	e of Interviewer		Date	