

# Employment Application



## Personal Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_  
Desired Position: \_\_\_\_\_ Full or Part-time: \_\_\_\_\_

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

Are you able to work in the United States in a child care center? \_\_\_\_\_

Are you willing to get a Commercial Driver's License? \_\_\_\_\_

Are you able to lift 40 pounds? \_\_\_\_\_

Do you have any health conditions that would make it difficult to fulfill the responsibilities of the position you are applying for? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Circle the certifications/trainings you currently hold: CPR & First Aid

Universal Precautions Mandatory Reporting

Physical with T.B. Test Other: \_\_\_\_\_

## Education

Highest Level of Education Attained: \_\_\_\_\_

School Name: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Other Education Attained: \_\_\_\_\_

## Employment and Experience

Experience working with children: \_\_\_\_\_

List any special skills or talents that would be beneficial in working with children: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

May I contact your current and/or previous employers? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Current or Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## **Children's Garden**

3223 University Avenue

Des Moines, Iowa 50311

**p** 515-259-9880

**f** 515-259-9881

**e** [director@childrens-garden.org](mailto:director@childrens-garden.org)

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Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
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References

List three people not related to you and you have known for at least one year.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

My signature below affirms that the information on this application is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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