Job Application Allendale Child Care 6561 Lake Michigan Dr., Allendale, Michigan 49401 616-885-0157

Allendale Child Care is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out the sections below:

Applicant Information					
Applicant Name:					
Address :					
City, State and Zip Code:					
Telephone Number:					
Email Address:					
Date of Application:					
Employment Position					
Position(s) applying for: child care (full time) How did you hear about this position?					
What hours or shifts are you available to work? On what date can you start working if you are hired?					
Salary Desired?					
Personal Information					
Are you 18 years of age or old	er?		Yes	No	
Are you a U.S. citizen or approved to work in the United States?			Yes	No	
What document can you provi					
Do you have any condition which would require job accommodations?				No	
If yes, please describe accom	modations required belov	V .			

Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state the nature of the crime(s), when and where convicted and disposition of the case?				
Job Skills/Qualifications Please list below the skills and q	ualifications you process for the position for which you are applying:			
that may be necessary for eligible	plies with the ADA and considers reasonable accommodation measures e applicants/employees to perform essential functions. It is possible that ty and may be subject to medical examination conducted by a medical			
Education and Training				
High school: Name Location (City, State) Year Graduated Degree Earned				
College/University: Name Location (City, State) Year Graduated Degree Earned				
Vocational School/Specialized Name Location (City, State) Year Graduated Degree Earned	d Training:			
How many years did you serv	d you enlist?hen discharged?			

City, State, Zip Code: Employer Telephone:				
Employer Address: City, State, Zip Code: Employer Telephone:				
Employer Address: City, State, Zip Code: Employer Telephone: Dates Employed: Reason for leaving: References				
Please provide 3 personal and professional refe	contact Information			
Additional Information: Child care experience				

AT-WILL EMPLOYMENT

The relationship between you and the Allendale Child Care is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause notice, by you or the Allendale Child Care. No representative of Allendale Child Care has authority has entered into any agreement contrary to the foregoing "employment at will" relationship. You understand that your regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature:	Date: