Little Learners Academy, LLC Employment Application 1405 Broadway St, Alexandria, MN 56308 320.763.4927

		Date of Application:										
Name:				· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·		
Present	t Address	s:										
	No.			Street		City		Sate		Zip Code		
Driver's License #:						Social	Securi	ty #:	 			
Teleph	one Nun	nber: (_)			Date	of Birt	h:				
Job Ap	plied for	:										
Availability:						O Check here if available anytime						
Monday		Tuesday		Wednesday		Thurs		Friday		Saturday		
From	То	From	То	From	To	From	То	From	То	From	То	
Record	d of Edu	cation:	1				1					
				ool & City		Major		Minor		Diploma/ Degree		
High	School											
Under	rgraduate											
Gra	aduate											
Past E	mploym											
Company & Phone Number						From — To month year month year		Reason for Leaving		Name of Supervisor		
Person	ıal Refer	·ences·	(not for	rmer em	nlove	rs or relati	ives)					
Personal References: (not former emp					рюус				T. 1 1 N. 1			
Name and Address						Occupation			Telep	hone Nur	nber	

Have you ever been discharged or forced to resign from prior employment? O Yes O No If yes, explain____ First-Aid/CPR Certified? **O** Yes **O** No If no, are you willing at own expense? O Yes O No If no, are you willing at own expense? SIDS/Shaken Certified? What skills do you possess which make you exceptionally well suited for a position in childcare? **CHILD CARE:** Experience in the field – anytime you've worked with children What type of discipline would you use with the following age groups of children? Toddler's _____ Infant's _____ School-Age _____ Preschooler's _____ Describe your methods of toilet training. List any special concerns you wish to discuss at a personal interview, if called. **Signature:** The statements made and information given in this application is, to the best of my knowledge, true, accurate, and complete. I understand they will be subject to verification by Little Learners Academy. I authorize Little Learners Academy to perform background checks as they deem necessary and I release them of any liability for it. DATE

PERSONAL INTERVIEW:

SIGNATURE OF APPLICANT

PLEASE ATTACH UNOFFICIAL COLLEGE TRANSCRIPTS