

"A distinctive model for embracing children."



Application for Employment

Interview Date _____ Interviewer _____

Name _____

Phone Number(_____) _____ Cell Phone(_____) _____

Street Address _____

City _____ State _____ Zip Code _____

E-mail address _____

Social Security Number _____ Date of Birth _____

Emergency Contacts:

1-name _____ relationship _____

address _____ phone # _____

2-name _____ relationship _____

address _____ phone # _____

Position applying for _____

Weekly availability:

M _____ T _____ W _____ R _____ F _____ Sa _____ Su _____

Please list any work experience/education that may pertain to the position to which you are applying: _____

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Character References:

1-name_____relationship_____

address_____phone # _____

2-name_____relationship_____

address_____phone # _____

Have you ever been convicted of a crime? Yes No

If yes, please explain_____

Please list any medical conditions or restrictions that may prevent you from working actively with children: _____

Upon hiring all Minding Miracles employees must attain medical clearance from a health care professional as well as undergo a Tuberculosis screening by order to the NJ DCFS Department of Licensing.

I hereby certify that all of the above is true.

Signature_____Date_____

Office use only: (initial)

Position:

Signed Application:

Signed discipline policy:

Medical exam:

Form I-9:

Hire date:

CARI:

Record of Mantoux results:

Two references:

W4 signed:

Supervisor Signature _____