

LITTLE LAMBS EARLY CHILDHOOD CENTER
EMPLOYMENT APPLICATION

LAST NAME: _____ ADDRESS: _____
FIRST NAME: _____ CITY: _____
MIDDLE NAME: _____ STATE & ZIP: _____
SOCIAL SECURITY #: _____ HOME PHONE: _____
TDL #: _____ CELL PHONE: _____
DOB: _____ EMAIL: _____

EMPLOYMENT HISTORY

PREVIOUS EMPLOYER: _____ BEG/END DATES: _____
EMPLOYER'S ADDRESS: _____ JOB TITLE: _____
_____ HR RATE/SALARY: _____
PHONE NO.: _____ DUTIES/RESPONSIBILITIES: _____
SUPERVISOR: _____
REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ BEG/END DATES: _____
EMPLOYER'S ADDRESS: _____ JOB TITLE: _____
_____ HR RATE/SALARY: _____
PHONE NO.: _____ DUTIES/RESPONSIBILITIES: _____
SUPERVISOR: _____
REASON FOR LEAVING: _____

EDUCATION

HIGH SCHOOL: _____ CITY/STATE: _____
DIPLOMA: _____ NO. OF YEARS: _____
COLLEGE/UNIV.: _____ CITY/STATE: _____
DIPLOMA: _____ NO. OF YEARS: _____
GRAD SCHOOL: _____ CITY/STATE: _____

OTHER QUALIFICATIONS/EXPERIENCES WITH CHILDREN

PLEASE LIST AND/OR EXPLAIN: _____

(PLEASE COMPLETE OTHER SIDE)

POSITION FOR WHICH YOU ARE APPLYING FOR (Check all that apply):

TEACHER IN MDO (2's) _____ PRESCHOOL TEACHER (3's - 5's) _____
TEACHER'S AIDE (3's & 4's) _____ SCHOOL AIDE _____
SUBSTITUTE TEACHER ON M _____ TU _____ W _____ TH _____ F _____

DO YOU HAVE CHILDREN THAT ARE OR WILL NEED TO ENROLLED AT LITTLE LAMBS WHILE YOU WORK FOR US? YES _____ NO _____ IF YES, AGE OF CHILD(REN) _____

PERSONAL INFORMATION

YES NO ARE YOU OVER 18 YEARS OLD?
YES NO DO YOU HAVE A RELATIVE OR FRIEND EMPLOYED WITH LLECC?
YES NO MAY WE CONTACT YOUR PRESENT OR MOST RECENT EMPLOYER?
YES NO IS THERE ANY REASON WHY YOU CANNOT GET TO WORK ON TIME?
YES NO IS THERE ANY REASON YOU WOULD NOT PHYSICALLY BE ABLE TO PERFORM THE DUTIES OF YOUR POSITION?
YES NO DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES?
YES NO HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR NO CONTEST TO A CRIME IN THE LAST 7 YEARS? IF YES, EXPLAIN: _____

CRIMINAL HISTORY CHECKS ARE PART OF THE HIRING PROCESS AND ANY FELONY OFFENSE OR VIOLATION WILL RESULT IN DISQUALIFICATION FROM THE HIRING PROCESS.

REFERENCES OTHER THAN PREVIOUS EMPLOYERS

NAME RELATIONSHIP PHONE NO.

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APPLICANT'S ACKNOWLEDGEMENT

THIS APPLICATION SHALL BE CONSIDERED ACTIVE FOR NO MORE THAN 60 DAYS. AFTER THAT TIME, APPLICANTS WILL BE REQUIRED TO RESUBMIT A COMPLETED APPLICATION. THE APPLICANT UNDERSTANDS THAT THIS DOCUMENT IS NOT AN OFFER OF EMPLOYMENT FROM THE EMPLOYER.

I CERTIFY THAT ANSWERS GIVEN ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION INTO ALL STATEMENTS I HAVE MADE ON THIS APPLICATION AS MY BE NECESSARY FOR REACHING AN EMPLOYMENT DECISION.

IN THE EVENT THAT I AM EMPLOYED, I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION I KNOWINGLY PROVIDE IN APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE AND/OR LEGAL ACTION. I UNDERSTAND ALSO THAT IF EMPLOYED, I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER AND ANY SPECIAL AGREEMENTS REACHED BETWEEN THE EMPLOYER AND ME.

SIGNATURE

DATE