

396 Britton Road Calhoun, LA 71225

Phone No.: 318-599-3048 Fax No.: 318-599-3049

Email: sprinklesearlylearning@gmail.com

**EMPLOYMENT APPLICATION**

Please submit a copy of a current Driver’s License or Government Issued Photo ID

Please complete the entire application.

# 1. Employer Information

|  |  |
| --- | --- |
| Employer:  Address:  City/State/Zip:  Telephone: | Sprinkles Early Learning Academy, Inc.  396 Britton Rd  Calhoun, Louisiana 71225  318-599-3048 |

It is the policy of Sprinkles Early Learning Academy, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

# 2. Applicant Information

Applicant Full Name:

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: City/State/ZIP:

Number of years at this address:

Daytime phone: Evening phone:

Mobile phone:

Social Security Number:

Driver's License (State/Number):

Email Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *For Office Use Only:*

Hire Date: \_\_\_\_\_\_\_\_\_ Termination/Resignation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Term/Resign Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Day Working with Children Onsite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCBC Determination Letter Attached: \_\_\_\_\_\_\_\_

# 3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: Relationship to you: Address:

City/State/ZIP:

Daytime phone: Evening phone:

1. Job position applied for:

Daycare Worker Director Designee Reception Director

1. Are you at least 18 years old? Yes No

1. If you are offered employment, when would you be available to begin work?

1. If hired, are you able to submit proof that you are legally eligible for

employment in the United States? Yes No

1. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes No

What reasonable accommodation, if any, would you request?

1. Have you ever been convicted of a felony or misdemeanor?

Yes, I was convicted of on

(

date

)

in

(

city),

(

state

)

No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

# Availability

* Sprinkles Early Learning Academy, Inc. is open during School from 7:00AM to 6:00PM Monday through Friday
* During Summer, Sprinkles Early Learning Academy, Inc. is open 7:00AM to 6:00PM Monday through Friday

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Time In |  |  |  |  |  |  |
| Time Out: |  |  |  |  |  |  |

## **10. Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:

Supervisor Name:

Address: City/State/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties:

Reason for Leaving:

Dates of Employment (Month/Year):

Employer Name:

Supervisor

Name:

Address:

City/State/ZIP:

Job

Duties:

Reason

for

Leaving:

Dates of Employment

(

Month/Year

):

Employer Name: Supervisor Name:

Address: City/State/ZIP: Job Duties: Reason for Leaving: Dates of Employment (Month/Year):

**11. Applicant's Education and Training**

## College/University Name and Address

Did you receive a degree? Yes No If yes, degree(s) received:

## High School/GED Name and Address

Did you receive

a

degree?

Yes

No

*Other Training (graduate, technical, vocational):*

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

Military Service:

Yes No

Branch:

Specialized Training:

### 12. References

List any two non-relatives who would be willing to provide a reference for you.

Name: Address: City/State/ZIP: Telephone:

Relationship:

Name: Address: City/State/ZIP: Telephone:

Relationship:

**13. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:**

**14. Place of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_State**

**15. Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**16. Last 5 years of residency-(ADDRESS, CITY, STATE, MONTH YEAR--)**

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDRESS** | **MONTH** | **YEAR** | **TOTAL YRS/MONTHS** |
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