

# Little Magnolias Child Care Center, LLC

650 North Lee Highway, Building 40- Suite 6  
Lexington, VA 24450

## Employment Application

Name: \_\_\_\_\_  
Last, First, Middle

Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Position Desired (circle one)- Teacher Assistant Teacher Aide

Age group desired (circle one)- Infant/Toddler 2-4 yr. Olds

Seeking (circle one)- Full time Part Time Any

Availability restrictions? \_\_\_\_\_

Hour Wage desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Have you worked in child care previously? \_\_\_\_\_

Certificates and Credentials Held (Please list all classes, credit courses, or training that may apply):

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Do you have children that would attend Little Magnolias? Y\_\_\_\_\_ N\_\_\_\_\_

If yes, please list their ages: \_\_\_\_\_

Have you ever been arrested or charged with a crime involving a child or been asked to resign or lost certification for a sexual crime? Y\_\_\_\_\_ N\_\_\_\_\_

Do you have the legal right to work in the U.S.? Y\_\_\_\_\_ N\_\_\_\_\_

If yes, proof of work authorization will be required.

### EMPLOYMENT HISTORY

Current Employer: \_\_\_\_\_

May we contact? Y\_\_\_\_\_ N\_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position held: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Additional Information: \_\_\_\_\_

(2) Previous Employer: \_\_\_\_\_

May we contact? Y\_\_\_\_\_ N\_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position held: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Additional Information: \_\_\_\_\_

(3) Previous Employer: \_\_\_\_\_  
May we contact? Y \_\_\_\_\_ N \_\_\_\_\_  
Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position held: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

### EDUCATIONAL BACKGROUND

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Degree Type \_\_\_\_\_

College/Technical School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Degree Type \_\_\_\_\_

OTHER  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

#### Personal References (list 3)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

#### Professional References (list 3)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**APPLICATION AGREEMENT** (please read the following carefully and sign)

I hereby affirm that the information provided on this application (and accompanying resume if applicable) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that the first 30 days of employment (if offered) will be considered a training period, during which benefits shall not accrue, and that my employment can be terminated, with or without cause, at any time during such training period or thereafter at the discretion of the administration.

I understand that I will be required to undergo an extensive background check (criminal) including fingerprinting, drug testing, and a tuberculosis test as a condition of employment and any unsatisfactory results will result in termination. I also understand that I will be required to maintain certifications and training as conditions of my employment and any failure to keep required documentation current may result in dismissal. All testing, certifications, and training will be covered by Little Magnolias.

Signature \_\_\_\_\_ Date \_\_\_\_\_