

# APPLICATION FOR EMPLOYMENT TC-LP

(PLEASE PRINT)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION: DATE \_\_\_\_\_ e-MAIL ADDRESS \_\_\_\_\_  
 NAME \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
 Last First Middle When are you looking to start? \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
 Street City State Zip

PERMANENT ADDRESS \_\_\_\_\_  
 Street City State Zip

PHONE NO. ( ) Cell ( ) Are you 18 years or older? ( ) Yes ( ) No

Are you either a U.S. Citizen or an alien authorized to work in the U.S.? ( ) Yes ( ) No

EDUCATION NAME & LOCATION OF SCHOOL \*No. Years \*Graduate? Subjects  
 Attended

Grammar School.

High School

College

College Degrees Hours Bookkeeping Classes

Trade, Business. Or

Correspondence

## SPECIAL QUESTIONS:

Do not answer ANY of the questions in this area unless the employer has CHECKED A BOX PRECEDING a question. Thereby indicating that the information is required for a bona fide occupational qualification or dictated by National Security Laws, Career requirements or is needed for other legally permissible reasons.

What foreign languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_ (✓) Have you been convicted of a felony or misdemeanor including child related offences? ( ) Yes ( ) No

Describe \_\_\_\_\_

(✓) I understand and agree that I may be required to take one or more (✓) physical examination, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its Directors, officers, agents or employees from any claim arising in connection with the use of such test(s). ( ) Yes ( ) No

(✓) I have been advised that law prohibits lie detector tests, as a condition of hiring or continued employment.

( ) Yes ( ) No

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

\*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED: \_\_\_\_\_ SALARY DESIRED \$ \_\_\_\_\_ (hr)

ARE YOU EMPLOYED NOW? \_\_\_\_\_ If so, may we inquire of your present employer? Y\_\_ N\_\_.

EVER APPLIED TO THIS CO. BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

Can you drive a school van? Y\_\_ N\_\_. Do you have a chauffeur's License? Y\_\_ N\_\_. If required, will you obtain one? Y\_\_ N\_\_. Are you over 25 years old for this purpose? Y\_\_ N\_\_. Please list and explain any citations, accidents, faults, dates and incidents: \_\_\_\_\_

How many miles away from place of employment do you live? \_\_\_\_\_ Can you cook? Y\_\_ N\_\_.

List experience: \_\_\_\_\_

Please elaborate concerning your child care skills, experience, classes, etc.: \_\_\_\_\_



When was the last time you read the DFS Licensing Handbook?

www.dese.mo.gov/childhood/child-care/rules-laws = MO DESE 5 CSR 25-500.102 Personnel, page 16

GENERAL: (Subjects of special study or research work: U.S. MILITARY OR NAVAL SERVICE? Y( ), N( )

RANK \_\_\_\_\_ Present membership in National, \_\_\_\_\_ Guard or Reserves? Y( ), N( )

PHYSICAL RECORD: Do you have any physical limitations that preclude you from performing any work for which you are being considered? ( ) Yes ( ) No. List \_\_\_\_\_

Would you have any problems lifting a child or other items involved with your position? Y\_\_ N\_\_. If Yes, what can be done to accommodate your limitation? Please Describe: \_\_\_\_\_

FORMER EMPLOYERS (List below last 3 employers, starting with most recent one first):

Date, Mo. & Yr.	Name, Address & Phone	Salary	Position	Reason for Leaving
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From \_\_\_\_\_

To \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

REFERENCES: Give the names of 3 persons not related to you, whom you have known at least 1 year

NAME	Address & Phone	Business	Years Acquainted
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

Name

Address

Phone

I authorize investigation of all statements, information, references and any other information concerning history and any other pertinent information personal or otherwise and release all parties from all liability for any damage that may result from furnishing same. I understand and agree that, if hired, my employment may, for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

NON-COMPETITION CLAUSE: Whereas applicant agrees not to compete and/or negatively interfere with any of the accounts and customers of the company (and, if for a child day care center, not within a three mile radius).

SCREENING: Employer is granted permission to investigate, check security screening, child abuse and neglect, police record checks, credit checks, reference checks and any other checks deemed appropriate at the discretion of the employer and hold harmless for any of this action. Employee is responsible for accurately tracking accurately their own accounting (time ticket), inventory, taking measures to protect his/her property, of others and the company. The employee's responsibility shall be binding and reasonably protect the company and other associates against loss. Any action needed to enforce the responsibility, misconduct, neglect or other failure to comply with the conditions of employment, misconduct or misappropriation of funds, business or property shall be at the expense of the employee, including attorney fees, file preparation fees, witness court charges and any other expense involved in the enforcement of the obligation. Any property including, but not limited to, petty cash, accurate accounting sheets on customers (if applicable), keys, cell phone, pager belonging to the company, shall be returned immediately and, if not practical, must be returned before the end of the next business day. All company property must be returned within two (2) business days if employee is out sick or absent for any other reason. Failure to comply may result in collection and legal action listed above which is to be at the expense of the employee at the discretion of the employer. Failure to comply shall be at the expense of the employee, including attorney, collection, court charges and any other charges. If any part of this Agreement or other Agreement involved, employment is deemed unforeseeable, impractical, illegal or otherwise not used at the discretion of the employer, the other parts of this Agreement shall remain in full force. This is to authorize employer to withhold funds, adjust from pay and seven days (and if a cell phone is involved or other expense up to 35 days for full accounting and invoicing to be received) to allow for proper, thorough, and accurately adjust account(s). If you disagree, you shall submit your reasons and details in writing with documented accounting. If for any reason there is deduction and/or additional collection or other expenses, the employee hereby grants permission to deduct from any pay or other funds and, if unable to determine the exact the approximate amount, an estimated amount can be withheld until accounting can be completed.



AGREEMENT: I agree to cooperate with the processing of this application. If one or more items are deemed unenforceable, the others that are shall remain in force. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal, collection action and any other appropriate action.

Date \_\_\_\_\_

Applicant's Authorized Signature \_\_\_\_\_

Company Office Use BELOW THIS LINE

INTERVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

EMPLOYMENT VERIFICATION: \_\_\_\_\_

( ) Child Abuse Records Check: \_\_\_\_\_, ( ) Police Records Check: \_\_\_\_\_, ( ) Copy of Social Security Card

( ) Credit & Loan Information: \_\_\_\_\_, ( ) Landlord Information \_\_\_\_\_ ( ) Copy of Driver's License

HIRED: ( ) Yes ( ) No Date \_\_\_\_\_ POSITION \_\_\_\_\_ CENTER \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_ Child Care Test? \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ SCORE? \_\_\_\_\_

CEO

Director

General Mgr.

This form has been designed to comply with State & Federal Fair Employment Practice Laws prohibiting employment discrimination. This Application for Employment Form is for general use throughout the U.S., Linco Properties, Tendercare Learning Centers or Kids' Computer Co. which assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.