

Dreamland Education Center

875 W. Franklin Road Meridian, ID 83642 PH: (208)288-2282 Fax: (208)288-2998

Dreamland Learning Center

2501 N. Stokesberry Place Meridian, ID 83646 PH: (208)288-2205 Fax: (208)288-1015

APPLICATION FOR EMPLOYMENT

Pre-Employment Application	Equal Opportunity Employer
Personal and Employment Information:	Today's Date:
Name: Socia	l Security Number:
Present Address:	
City: State:	Zip Code:
Home Number: Cell	Number:
Referred By:	
Position Applied For:	
Days Available: M T W TH F Full Tim	e / Part Time Age Preference:
Date Available To Start:	Salary Desired: \$
Please list any hours unavailable to work:	
Have you ever applied to this company before	?YesNo If Yes, when?
Are you currently employed? Yes No If so, may we contact your present employer?	
Education History;	
High School:	Did you graduate? Yes No
College: Di If yes, type of Degree or Major	
Trade/Business or Correspondence School:	Did you graduate:YesNo
Other special training or courses:	
Are you planning to further your education?	YesNo If so, when

Name	Phone #	Occupation	Years Known
urrent / Former Er	nployers – Please indica	te last 3 employers	
. Business Name:		Phone Number:	
Position:		Starting Salary: \$	Ending Salary:\$
Dates of Employme	nt:		
Reason for Leaving	:		
2. Business Name:		Phone Number:	
Position:		Starting Salary: \$	Ending Salary:\$
Dates of Employme	ent:		
Reason for Leaving	;:		
3. Business Name:		Phone Number:	
Position:		Starting Salary: \$	Ending Salary:\$
Dates of Employme	ent:		
Reason for Leaving	::		
Additional Informati	on.		
		. D. W. M.	
	onvicted of a crime or felo	ny : Y esNo	
If so, please explain:			

Do you have a State Daycare License? ____Yes ___No Do you have a current Boise City License? ____Yes ___No Are you current with your CPR certification? ____Yes ___No Are you current with your First Aid certification ___Yes ___No

"I authorize 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.

I authorize Dreamland to investigate any and all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Dreamland has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."