

**Ms. Jean's Child Care
Application for Employment**

Please fill out form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name:

.....
Last

.....
First

.....
Middle

Address:

.....
Street

.....
(Apt)

.....
City, State

.....
Zip

Previous Address:

.....
Street

.....
City, State

.....
Zip

How long at present address? _____ Years _____ Months

How long at you're previous? _____ Years _____ Months

Contact Information:

()

()

.....
Home Telephone

.....
Mobile

.....
Email

Are you Over 18 years of age? ___ Yes ___ No

If not, employment is subject to verification of minimum legal age.

Have you ever applied for employment with us?

___ Yes ___ No

If Yes: Month and Year _____ Location _____

How did you learn about our company?

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ___ Yes ___ No

If Yes, describe in full.

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?

___ Yes ___ No If Yes, please explain.

Are you legally eligible for employment in the United States? _____

When will you be able to work? _____

Are you employed now? _____ **If so, may we inquire of your present employer?** _____

EDUCATION

Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School		
College or University		
Specialized Training, Trade School, etc...		
Other Education		

Child Care: How long have you been watching children in your care and what age group?

1. Your own _____
2. Babysitting _____
3. School _____
4. Church _____
5. Other _____

You will be required by NYS Family and Children Services to receive 15 hours of training within the first six months of employment. A total of 30 hours of training every two years. This will be at your expense or provided by Ms. Jean’s Child Care.

Military

Complete this section if you served in the U.S. Armed Forces.

Branch of Service _____

Describe your duties and any special training _____

Period of Active Duty (Month & Year) From _____ To _____

Rank at Discharge _____

Date of Final Discharge _____

Employment History

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

PREVIOUS EXPERIENCE

Please list beginning from most recent

1.

Dates Employed	Company Name	Location	Role/Title

Telephone () - _____

Name of Supervisor _____

Hourly Rate: Start _____ Last _____

Start Job Title and Describe Your Work

: _____

Reason for Leaving

2.

Dates Employed	Company Name	Location	Role/Title

Telephone () - _____

Name of Supervisor _____

Hourly Rate: Start _____ Last _____

Start Job Title and Describe Your Work

: _____

Reason for Leaving

3.

Dates Employed	Company Name	Location	Role/Title

Telephone () - _____

Name of Supervisor _____

Hourly Rate: Start _____ Last _____

Start Job Title and Describe Your Work

: _____

Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact Employer Number(s) _____

Reason _____

References:

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address /Phone	Business	Years Acquainted
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1. _____

2. _____

3. _____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Required by **New York State office of Children and Family Services** you must complete all forms:

1. Employee Criminal History Review
2. Statewide central register database check
3. Fingerprint results
4. Medical Statement, Tuberculin Test

“Applicant may not start work until they have completed all forms and have been cleared to work by **New York State office of Children and Family Services**”

Date

Signature

Please complete and mail a copy of this form to:

**Ms. Jeans Child Care
716-542-7761**

**5155 Crittenden Rd.
Akron, NY 14001**