



Employment Application

Personal Information:

First Name	Middle	Last Name	Preferred Name
Address		City	State
Email Address			Application Date
Date of Birth <i>(must be over the age of 18)</i>	Phone		

Preferred age group	<input type="checkbox"/> Infants	<input type="checkbox"/> Full time	<input type="checkbox"/> Morning	Start day availability:
	<input type="checkbox"/> Toddlers	<input type="checkbox"/> Part time	<input type="checkbox"/> Afternoon	
	<input type="checkbox"/> Preschool		<input type="checkbox"/> Flexible	

Work History: Please list the names of your present and/or previous employers with the most recent first.

Employer	Job Title
Supervisor	Phone
May we contact: ___YES ___NO (If NO, please explain)	Dates of Employment
Starting Salary	Ending Salary
Reason for leaving	
Employer	Job Title
Supervisor	Phone
May we contact: ___YES ___NO (If NO, please explain)	Dates of Employment
Starting Salary	Ending Salary
Reason for leaving	
Employer	Job Title
Supervisor	Phone
May we contact: ___YES ___NO (If NO, please explain)	Dates of Employment
Starting Salary	Ending Salary
Reason for leaving	

Email completed application and resume to laceyslittlesllc@gmail.com

423-584-6033



Other Experience with children (if applicable):

Place	Purpose/Job	Dates	Contact Person

Have you ever been terminated or asked to resign from any job? ____YES ____NO

If Yes, please explain: _____

Education History:

Education	School Name	Graduated	# of credits completed	Degree/Major:
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO		
College		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Bus./Tech./Trade		<input type="checkbox"/> YES <input type="checkbox"/> NO		

References:

1.	Name
	Phone
	Email Address
2.	Name
	Phone
	Email Address
3.	Name
	Phone
	Email Address

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Emergency Contacts:

Name	Relation	Phone
Name	Relation	Phone

Name of children that will (or are currently attending) Laceys Littles:

Name	DOB	Age
Name	DOB	Age

Have you ever been under investigation for neglect or abuse of children or for any sexual offense (excluding any charges that were fully cleared)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony including any involving a suspended sentence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of or pled guilty to any offense involving the manufacture, sale, distribution, or possession of an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes, describe the offense, where it occurred and when:		

Application Certification:

TCA § 71-3-529 states that “each person applying to work with children as a volunteer or as a paid employee with a child welfare agency as defined in § 73-3-501 ... may complete an application on a form prescribed or approved by the Department [of Human Services] ... It is unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information. The Department, in cooperation with the Tennessee Bureau of Investigation may ... verify the accuracy of the criminal violation information.”

TCA § 71-3-533 states that “a child welfare agency ... may require all persons applying to work with children in any capacity ... to agree to the release of all investigative records ... for the purpose of verifying the accuracy of criminal violation information contained on an application to work or volunteer, and supply a fingerprint sample and submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation.”

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above, as well as all investigative agencies and the Tennessee Bureau of Investigation, to be contacted for the express purpose of pre-employment screening.

Signature

Date

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