

SOLID ROCK CHILDCARE**EMPLOYMENT APPLICATION**

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Are you at least 18 years old? ☐ Yes ☐ No

City: _____ State: _____ Zip: _____

E-mail Address: _____ Cell Phone: _____

Social Security Number: _____ Driver's License Number: _____

*****Criminal background checks will be completed on all applicants qualified for employment**Have you ever been convicted of any crime, or pled guilty, no contest to nolo contendere to any crime, other than a minor traffic violation? ☐ Yes ☐ No (If yes, please explain including date and charge): _____
_____Are there any felony or misdemeanor charges pending against you at this time? ☐ Yes ☐ NoHas a report of child maltreatment ever been made against you? (If yes, please explain): _____
_____Has a court ever denied parental, custodial, or visitations rights as a result of neglect or abuse of a child? (If yes, please explain):

_____While employed in a childcare program, have you ever been the subject of disciplinary action or been responsible for a childcare facility receiving an administrative or disciplinary action? (If yes, please explain):

_____*Applicants must show they understand and are able to meet the following requirements for employment by checking each item listed below.*

- ☐ High School Graduate or G.E.D recipient
- ☐ Negative TB test and will provide medical documentation
- ☐ United States Citizen, or legally authorized to work in the United States
- ☐ Will complete a FBI criminal background check
- ☐ Will complete a Child Maltreatment Central Registry check
- ☐ Physically able to safely supervise children and perform necessary job functions
- ☐ Will maintain professional appearance and conduct at all times

EMPLOYMENT INFORMATIONDesired Employment: ☐ Full time ☐ Part time ☐ On callDesired Position: ☐ Lead Teacher ☐ Assistant Teacher ☐ Other _____

Desired Hourly Rate: _____

SOLID ROCK CHILDCARE**EMPLOYMENT APPLICATION**WORK HISTORY

Company _____ City/State _____ Phone _____

Title _____ Duties _____

Supervisor _____ Start Date _____ End Date _____ Start Pay _____ End Pay _____

Company _____ City/State _____ Phone _____

Title _____ Duties _____
_____Supervisor _____ Start Date _____ End Date _____ Start Pay _____ End Pay _____

Company _____ City/State _____ Phone _____

Title _____ Duties _____
_____Supervisor _____ Start Date _____ End Date _____ Start Pay _____ End Pay _____
_____EDUCATION HISTORY

High School _____ # of years completed _____ Diploma _____ GED _____

College/Trade School _____ City/State _____

Degree _____ Major/Study _____ # of years completed _____ Diploma _____ GED _____

PROFESSIONAL SKILLS AND/OR CERTIFICATIONSSkills & Technical Training:

_____Certifications:

_____Courses relevant to childcare training (CPR, First Aid, Child Development, ect.): _____

SOLID ROCK CHILDCARE**EMPLOYMENT APPLICATION****PROFESSIONAL REFERENCES**

Name:_____ Company/Position:_____

Phone:_____ Email:_____

Name:_____ Company/Position:_____

Phone:_____ Email:_____

PERSONAL REFERENCES *(do not include family members or previous employers)*

Name:_____ Relationship:_____

Phone:_____ Email:_____

Name:_____ Relationship:_____

Phone:_____ Email:_____

I certify that all information furnished on this application is true, complete, and correct. I understand and agree that any falsification, misrepresentation, misleading statement or omission of fact on either this application or during the pre-hire process (including falsification of information on a submitted resume) will be sufficient reason for my not being offered employment or to be dismissed at any time from Solid Rock Childcare, if employed. I also understand that my employment and compensation is for no definite period and may be terminated at any time by me or Solid Rock Childcare with or without cause and without previous notice. I acknowledge that no company employee has the power to enter in agreement for employment for any specified amount of time, or to make any agreements contrary to any of the above unless it is in writing and authorized by the company's President. As a condition of employment, I agree to a 180-day statute of limitations for all employment-related claims:

Applicant Signature: _____ Date: _____