

**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 CONTENDER 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? ☐ YES ☐ NO(IF YES, PLEASE EXPLAIN):  
.....HAS A COURT EVER DENIED PARENTAL, CUSTODIAL, OR VISITATIONS RIGHTS AS A RESULT OF NEGLECT OR ABUSE OF A CHILD? ☐ YES ☐ NO

(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? ☐ YES ☐ NO

(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
- ☐ 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 INFORMATION**

DESIRED EMPLOYMENT:

☐ FULL TIME☐ PART TIME☐ ON CALL

DESIRED POSITION:

☐ LEAD TEACHER☐ ASSISTANT TEACHER☐ OTHER .....

DESIRED HOURLY RATE:

.....

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 CERTIFICATIONS

SKILLS &amp; TECHNICAL TRAINING:

CERTIFICATIONS:

COURSES RELEVANT TO CHILDCARE TRAINING (CPR, FIRST AID, CHILD DEVELOPMENT, ECT.):

PROFESSIONAL REFERENCES

NAME:.....

COMPANY/POSITION:.....

PHONE:.....

EMAIL:.....

NAME:.....

COMPANY/POSITION:.....

PHONE:.....

EMAIL:.....

NAME:.....

COMPANY/POSITION:.....

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:.....