

**APPLICATION FOR EMPLOYMENT  
IN A CHILD CARE FACILITY**

**SAMPLE**

*Instructions: All information on this application must be truthful and correct. Falsification or misrepresentation on the application is cause for immediate dismissal.*

Applicant's Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Citizenship:    USA    Other \_\_\_\_\_

D.O.B: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please answer the following questions:**

1. Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

2. While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:



# Application For Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Personal Information

Name

Address	City	State	Zip
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Phone number	Email address
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Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If selected for employment are you willing to submit to a background check?

Yes  No

## Position

Position you are applying for	Available start date	Desired pay
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Employment desired

Full time       Part time       Seasonal/Temporary

## Education

School name	Location	Years attended	Degree received	Major

## References (business and professional only)

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (2)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (3)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (5)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)

Signature

Date