

Requirements for Employment

1. CPR/First Aid
2. Level 1 Fingerprint Card
3. TB Test (within the last 12 months)
4. High School Diploma/GED
5. Food Handlers Card
(Preferred)
6. 6 months experience working with children in a licensed facility.

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

LAST NAME		FIRST NAME	M.I.	SOCIAL SECURITY NO.	
PRESENT ADDRESS			CITY	STATE	ZIP
PERMANENT ADDRESS			CITY	STATE	ZIP
ARE YOU 18 YRS OR OLDER?	PHONE				
YES	NO				

DESIRED EMPLOYMENT

POSITION		START DATE	SALARY DESIRED
ARE YOU EMPLOYED NOW?	CAN WE SPEAK WITH YOUR CURRENT EMPLOYER?		
YES	NO	YES	NO
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR			
HOW DID YOU FIND OUT ABOUT US?			
EMPLOYMENT AGENCY	NEWSPAPER AD	FRIEND	
STATE EMPLOYMENT OFFICE	COLLEGE PLACEMENT SERVICE	WALK-IN	OTHER

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	HOW MANY YRS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YRS KNOWN

SERVICE RECORD

BRANCH OF SERVICE	START DATE	RELEASE DATE

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?	YES	NO
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING BY AN AUTHORIZED COMPANY REPRESENTATIVE.

SIGNATURE _____ DATE _____