

KIDS' CAMPUS CHILD CARE

Employment Application



DATE _____

APPLICANT INFORMATION					
Last Name			First		
Street Address				Date of Birth	
City			State	ZIP	
Primary Phone			Cell Phone		
E-mail Address			Date Available		
Position Applied for					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
State Minimum Standards for Child Care require an employee that works directly with children be at least 18 years of age and have a high school diploma or the equivalent. Employment is subject to verification that applicants meet legal age requirements and provide educational documents. Please verify that you can provide this documentation. ____ YES <input type="checkbox"/> NO <input type="checkbox"/> _____					

EDUCATION					
High School			Address		
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree		
College			Address		
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree		
Other			Address		
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree		

REFERENCES					
<i>Please list three professional references.</i>					
Full Name			Relationship		Years Acquainted
Company			Phone		
Address					
Full Name			Relationship		Years Acquainted
Company			Phone		
Address					
Full Name			Relationship		Years Acquainted
Company			Phone		
Address					

PREVIOUS EMPLOYMENT						
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE						
Branch				From		To
Rank at Discharge				Type of Discharge		

PHYSICAL RECORD
Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES <input type="checkbox"/> NO <input type="checkbox"/>
Please describe:

DISCLAIMER AND SIGNATURE
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 release.
Signature
Date

AFFAIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment

STATE OF _____

COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or not contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault battery or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(seal, if any, of notarial officer)

My commission expires: _____