



KIDDY KOLLEGE CHILD CARE CENTER

APPLICATION FOR EMPLOYMENT

1860 North Tyler Road – 383 North Country Acres Avenue – 13100 West 13th Street North – 1720 Osage Road-Derby
Phone: (316) 201-4333 Fax: (316) 927-5707
www.KiddyKollege.com Email: info@kiddykollege.com

APPLICANT INFORMATION

How were you referred to us? _____ Date: ____/____/____
Position Applied for: Director Lead Teacher Assistant Teacher Substitute Other: _____

Name (Last, First): _____ M.I.: ____ D.O.B.: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Cell Home Cell Phone Provider: _____

E-mail Address: _____

Date Available: _____ Social Security Number: _____ Desired Salary: _____

Emergency Contact Name: _____ Relation: _____ Phone: (____) _____

Do speak any language other than English? Yes No if yes, please list: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No If yes, give dates and details: _____

Answering "yes" to these questions does not constitute automatic rejection for employment. Date of offense, seriousness and nature of violation, rehabilitation, and position applied for will be considered

Driver's License Number if applicable to position: _____ State: _____

TRAINING AND SKILLS

Current Certification

Proof of Certification is required. Please attach a photocopy of certification(s):

Certification	Certification Date
<input type="checkbox"/> Pediatric CPR	
<input type="checkbox"/> Health Physical/Certificate	
<input type="checkbox"/> Child Abuse or Neglect	
<input type="checkbox"/> Basic Child Development	
<input type="checkbox"/> Childhood Illness	
<input type="checkbox"/> Hazardous Materials & Bio Contaminants	
<input type="checkbox"/> Emergency Preparedness in Childcare	
<input type="checkbox"/> Transportation of Children	

Certification	Certification Date
<input type="checkbox"/> Pediatric First Aid	
<input type="checkbox"/> Negative TB Skin Test	
<input type="checkbox"/> Head Trauma	
<input type="checkbox"/> Safe Sleep & SIDS	
<input type="checkbox"/> Administering Medication	
<input type="checkbox"/> Building & Physical Premises Safety	
<input type="checkbox"/> Prevention & Response to Emergencies – Food/Allergies	
<input type="checkbox"/> Other:	

Are you willing to attend trainings and professional development activities outside of regular working hours? Yes No

All of the above listed certifications are required, are you willing to obtain any certifications that you do not have? Yes No

EDUCATION

Early Childhood Education

Do you have any semester hours in child development or early childhood education? Yes No **Transcript will be required*

Do you have a current CDA? Yes No if yes, for what age? _____

Do you have any teaching experience in a licensed **center** or **preschool**? *please do not count your own children* Yes No

If yes, please list total (YYMM) _____ Age groups you worked with Infants Toddlers Pre-K School Age

Educational Record

	Name and Address	Years Attended	Major Field of Study	Degree or Certificate Earned
High School		From: To:		Did you Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Level Completed
College		From: To:		Did you Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Level Completed
College		From: To:		Did you Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Level Completed
Other		From: To:		Did you Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Level Completed

EMPLOYMENT RECORD

List below present and past employment, beginning with the most recent

Employer's name, address, and phone	Position/major Responsibilities	Dates Employed From: _____ / _____ / _____ To: _____ / _____ / _____
	Reason for Leaving	Supervisor's Name
Employer's name, address, and phone	Position/major Responsibilities	Dates Employed From: _____ / _____ / _____ To: _____ / _____ / _____
	Reason for Leaving	Supervisor's Name
Employer's name, address, and phone	Position/major Responsibilities	Dates Employed From: _____ / _____ / _____ To: _____ / _____ / _____
	Reason for Leaving	Supervisor's Name
Employer's name, address, and phone	Position/major Responsibilities	Dates Employed From: _____ / _____ / _____ To: _____ / _____ / _____
	Reason for Leaving	Supervisor's Name
Employer's name, address, and phone	Position/major Responsibilities	Dates Employed From: _____ / _____ / _____ To: _____ / _____ / _____
	Reason for Leaving	Supervisor's Name

REFERENCES

List **three professional** references who can evaluate your qualifications for this position. Friends and family do not count. List supervisors, teachers, professors, etc only. If you have previous experience within a child care center or early education field, one reference should be from the director, administrator, or supervisor at the facility.

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>

AVAILABILITY

Kiddy Kollege Child Care Center must schedule staff according to the number of children in attendance. At times, staff members will be asked to come in early, stay late or leave work early in order to satisfy mandated staff:child ratios.

Are you willing to work under those conditions? Yes No

Please indicate your preferred availability below, the center is open from 6:30AM-6:00PM, Monday-Friday.

Day	Monday	Tuesday	Wednesday	Thursday	Friday
START					
END					

Please list any upcoming commitments that are already scheduled for within the next year that you will need time off for:

QUESTIONS

Why are you interested in working at a Child Care Center?

Please explain your qualifications for the job.

Describe some experiences you have working with children.

ACKNOWLEDGEMENT

PERMISSION FOR BACKGROUND CHECK

Kiddy Kollege Child Care Center values the inherent worth and dignity of every person, fosters tolerance, sensitivity, mutual respect and nurtures diversity. In order to hire employees a background check is completed. Your date of birth needs to be forwarded with your application on this form.

"Applicants are considered and employees are treated during employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants and employees to facilitate a background check."

Applicant's Name: _____

Date of Application: _____

Position You are Applying For: _____

Date of Birth: _____

I understand that successful completion of a physical examination and background check is a condition of employment. I certify that all information provided on this application is true and complete. I understand that falsification of any information may be considered justification for dismissal if discovered at a later date.

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct established by Kiddy Kollege Child Care Center.

I give Kiddy Kollege Child Care Center the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but is not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer and its representatives, all persons and organizations/companies for furnishing such information.

If requested, I agree to a drug testing prior and during employment or for post accident occurrences.

The employer is an equal opportunity employer. Kiddy Kollege Child Care Center not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.



Applicant Signature

Date

THANK YOU FOR YOUR APPLICATION!

_____ Interview Scheduled Interview Date and Time: _____ at _____

Hired Not Hired Start Date: _____

Schedule: _____ Mon Tues Wed Thurs Fri