



Joan Kegerize
Executive Director

APPLICATION FOR EMPLOYMENT

Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

Birth Date if under 18 years of age _____

If you are under 18 years of age can you provide
required proof of your eligibility to work? _____ Yes _____ No

Have you ever filed an application with us before? _____ Yes _____ No
If Yes, give date _____

Have you ever been employed with us before? _____ Yes _____ No
If Yes, give date _____

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming
employed in this country because of
Visa or Immigration Status? _____ Yes _____ No

On what date would you be available for work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Temporary

Are you currently on "lay-off" status and subject
to recall? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No
If Yes, please explain _____

EDUCATION

SCHOOL	YEARS ATTENDED	NAME OF SCHOOL	CITY/ STATE	COURSE DEGREE HOURS
HIGH SCHOOL				
COLLEGE				
OTHER CHILD CARE TRAINING				

EXPERIENCE

NAME & ADDRESS OF EMPLOYER	DATE FROM	DATE TO	JOB DUTIES

State any additional information you feel may be helpful to us in considering your application.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____Yes _____No

I understand I am required to be electronically finger printed. _____ Yes

I have received a Child Abuse Record Information (CARI) form and given permission for a CARI check. ___Yes

REFERENCES

1. _____
Name Phone Number

Address

2. _____
Name Phone Number

Address

3. _____
Name Phone Number

Address

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have received and read the center's policy on the discipline of children. _____ Yes

I have received and read the Information to Parents Document. _____ Yes

Signature of Applicant

Date