

A Place To Grow New Hope Child Care Center Application for Employment

Date of Application _____

Please print legibly, and complete the entire application. Incomplete applications may not be considered.

Social Security Number	Last Name	First Name	Middle Initial
Address Street Name/Number	City	State	Zip Code
Home Phone	Cell Phone	Business Phone	Church Affiliation

Position Applied For _____

This position requires that you be at least 18 years of age. Do you meet this requirement? Yes ___ No ___
 Have you ever been convicted of breaking a law other than a minor traffic violation? (The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)
 Yes _____ No _____ if yes, give the date and explain fully on an additional piece of paper if more space is needed. _____

Education

This position requires a high school diploma or GED. Do you meet this requirement? Yes ___ No ___
 Circle the highest college year completed 1 2 3 4 5 6

Schools	Name and Location	Dates attended	Course of Study	Degree/Diploma
High School				
College or University				
Graduate or Professional				
Educational, Vocational Schools, etc.				

List any child care related training you have completed in the last 3 years (such as CPR/First Aid, SIDS etc.)

Work History

Current or Last Employer _____ Job Title _____
Address _____ Phone Number _____
Dates employed _____ Ending Salary _____
(Beginning and ending dates)

Reason for leaving _____ Supervisor's Name _____
Responsibilities _____

Full time _____ Part time _____ If Part time, how many hours per week? _____
(Years Months) (Years Months)
May we contact employer? Yes _____ No _____

Previous Employer _____ Job Title _____
Address _____ Phone Number _____
Dates employed _____ Ending Salary _____
(Beginning and ending dates)

Reason for leaving _____ Supervisor's Name _____
Responsibilities _____

Full time _____ Part time _____ If Part time, how many hours per week? _____
(Years Months) (Years Months)

Previous Employer _____ Job Title _____
Address _____ Phone Number _____
Dates employed _____ Ending Salary _____
(Beginning and ending dates)

Reason for leaving _____ Supervisor's Name _____
Responsibilities _____

Full time _____ Part time _____ If part time, how many hours per week? _____
(Years Months) (Years Months)

List any additional child care experience _____

References (list at least 3 work related references and one personal, such as the pastor of your church)

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

I certify that I have been given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational, associations, registration and licensing boards and others to furnish whatever detail is available concerning my qualifications. I understand that my current employer will not be contacted, without my permission, but any or all previous employers may be contacted. I authorize investigations of all statements made in this application and understand that false information of documentation or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed and (or) criminal action. I further understand that dismissal of employment shall be mandatory if fraudulent disclosures are given to meet position qualifications

Signature of Applicant _____ Date _____