

CHILD CARE CENTERS, INC.
dba; Kiddie Kare
APPLICATION FOR EMPLOYMENT

Application Instructions:

1. Please type or print neatly using a pen with black or blue colored ink.
2. Answer all of the questions and complete all of the sections. The application must be filled out completely, even if a resume is attached. If you do not understand a question, ask the director to assist you.
3. Read all of the information on the application carefully. Sign and date the application after you have answered all the questions, completed all of the sections, and reviewed the completed document for accuracy.
4. Return the application to the director. The director of the Center will contact you if your qualifications match job openings. Applications will be kept on file for future reference and consideration for one year.

PERSONAL INFORMATION:

Name: _____ Social Security Number: _____
(last, first, middle)

Present Address: _____
(street) (apt.#) (city) (state) (zip code)

Previous Address: _____
(street) (apt.#) (city) (state) (zip code)

Home Phone #: _____ Cell Phone #: _____

Are You "18" Years of Age or Older? _____ Date Of Birth: _____

Can you, after employment, submit certification of your legal right to work in the United States? Yes _____ No _____

****A condition of employment is that all applicants over the age of 18 MUST obtain a VALID Clearance Care****

Have you ever been convicted of any crime, misdemeanor or felony, within the last 10 years, which has not been expunged or sealed by a court (excluding a traffic violation)? Yes _____ No _____

If yes, Where: _____ When: _____

Convictions are not automatic disqualification from employment. To help us evaluate your application please describe the nature of the offense, penalties, and your subsequent rehabilitation. _____

Licensed child care facilities are required to submit the names of employees and prospective employees who provide direct services to children to the Department of Economic Security (DES) for a Department of Child Safety (DCS) Central Registry Background check. Persons disqualified as a result of the DCS Registry background check will not be hired or remain employed.

Have you ever committed any act of child abuse or child neglect or had an allegation of child abuse or child neglect made against you that was substantiated by DCS? Yes _____ No _____

If yes, have you been granted an exception by the Board of Fingerprinting? If yes please provide verification. _____

Please list ALL states you have lived in within the last "5" years: _____

Please NOTE that the applicant is responsible for the costs of TB/Fingerprints and background checks! The TB and fingerprints must be paid for at applicants own expense prior to hire, if hired we will submit your clearance card application and withhold the fees from your first paycheck.

Have you, to the best of your knowledge, been exposed to or been in contact with anyone suffering from or exposed to a contagious disease? Yes _____ No _____

NOTE: If the answer to the foregoing health question is yes, you may be requested to obtain a Certificate of Freedom from Disease from a physician of your choice, at your own expense.

If the answer to the above question is yes, please state below the date or dates of your exposure, the disease to which you were exposed and the way in which the exposure took place. _____

POSITION INFORMATION:

Position Desired: _____ Salary Required: _____ Date Available: _____

Would you prefer to work: Full Time _____ Part Time _____ Number weekly hours required _____
Weekends _____ Nights _____

Please list any scheduling preferences or limitations: _____

Are you currently employed? Yes _____ No _____ May we contact your present employer? Yes _____ No _____

Have you ever applied to this company before? Yes _____ No _____; Where _____ When _____

Have you ever worked for this company before? Yes _____ No _____; Where _____ When _____

Who referred you to this company? Newspaper ad _____ Friend _____ (who) _____ Walk-In _____ Other _____

EDUCATION:

School Name	City & State	# of Years Attended	Graduate		Diploma Or Degree	Major/Minor
			Yes	No		

High School

College

Other Education
Or Training

List job related achievements, certifications, academic honors, memberships, organizations, volunteer work, special skills, except those that indicate race, religion, disability, color, national origin/ancestry, sex or age. _____

REFERENCES:

Below, give the names of three persons you are not related to, whom you have known at least one year.

Name	Phone Number	Business	Number Of Years	Verified Date Initials/Comments (office use only)
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1. _____

2. _____

3. _____

FORMER EMPLOYERS:

List below, last three employers, starting with the most recent one first.

(1.) Name of Present or Last Employer: _____

Address: _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Weekly Starting Salary: _____ Weekly Final Salary: _____ May we contact your supervisor: Yes _____ No _____

Name of Supervisor: _____ Title: _____ Phone #: _____

Reason for Leaving: _____

(2.) Name of Previous Employer: _____

Address: _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Weekly Starting Salary: _____ Weekly Final Salary: _____ May we contact your supervisor: Yes _____ No _____

Name of Supervisor: _____ Title: _____ Phone #: _____

Reason for Leaving: _____

(3.) Name of Previous Employer: _____

Address: _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Weekly Starting Salary: _____ Weekly Final Salary: _____ May we contact your supervisor: Yes _____ No _____

Name of Supervisor: _____ Title: _____ Phone #: _____

Reason for Leaving: _____

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 and signed by an authorized company representative.”

(Date)

(Signature)