

# APPLICATION FOR EMPLOYMENT

## NEW BEGINNINGS DAY CARE

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, physical or mental handicap, veterans status and citizenship status. The receipt of this application does not mean that job openings exist or does not obligate us in any way. We appreciate your interest in our organization.

While completing this application if you find it necessary to provide additional comments or explanations to questions asked, please attach additional sheets of paper. PLEASE PRINT OR TYPE ALL INFORMATION!

Date Prepared \_\_\_\_\_

PERSONAL INFORMATION					
Name _____		Social Security No. _____			
Last	First	Middle Initial			
Present address _____			Home phone (____) _____		
No.	Street	City	State	Zip	
How long have you lived at above address? _____					
Previous address _____			How long did you live there? _____		
No.	Street	City	State	Zip	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, employment is subject to verification that you are of minimum legal age.					
What languages can you read, speak and write fluently? _____					
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not a citizen of the U.S., can you provide proof that you can legally be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EMPLOYMENT INFORMATION					
Position applying for _____			Date available for work _____		
What salary/hourly rate do you expect? _____					
Type of employment : <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary					
What days and hours if part time?		Days	Hours		
From	( ) AM	( ) PM	To	( ) AM	( ) PM
Have you ever applied for a job with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been refused bond? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, state reason and date _____					
Have you ever been convicted of any crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, state date, court and place where offense occurred _____					
Have you ever been discharged or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain _____					
Does your present employer know of your plans to change employment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Why do you desire to make a change? _____					
Have you ever held a position of trust (handling money or confidential material)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How much time have you lost from work during this past year? _____					
Would you have steady transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any personal responsibilities or problems that may affect your daily attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain _____					
Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____					
EDUCATION INFORMATION					
Schooling	Years Completed	Degree Rec. and Major Sub.	Name of School	Location	Did You Graduate?
Grammar or High School					
Trade Bus. or Correspondence					
College					
Graduate School or Seminary					
Describe any other specialized or professional training (such as computers, etc.). If you are presently enrolled in school, what are you studying? Do you plan to earn a degree? If yes, what degree and when? _____					

### CHURCH AFFILIATION

Please list your church membership(s) over the past five years:

Current Church _____	Dates attended _____	City/State _____	Phone # _____
Previous Church _____	Dates attended _____	City/State _____	Phone # _____
Previous Church _____	Dates attended _____	City/State _____	Phone # _____
Previous Church _____	Dates attended _____	City/State _____	Phone # _____

### PRIOR WORK RECORD (Start with most recent or present employer)

1 Name of Most Recent Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Name & Position of Immediate Supervisor \_\_\_\_\_ Date of Employment : From \_\_\_\_\_ To \_\_\_\_\_  
Your Position or Title \_\_\_\_\_ Starting Rate \$ \_\_\_\_\_ Ending Rate \$ \_\_\_\_\_  
Describe Your Duties \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

2 Name of Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Name & Position of Immediate Supervisor \_\_\_\_\_ Date of Employment : From \_\_\_\_\_ To \_\_\_\_\_  
Your Position or Title \_\_\_\_\_ Starting Rate \$ \_\_\_\_\_ Ending Rate \$ \_\_\_\_\_  
Describe Your Duties \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

3 Name of Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Name & Position of Immediate Supervisor \_\_\_\_\_ Date of Employment : From \_\_\_\_\_ To \_\_\_\_\_  
Your Position or Title \_\_\_\_\_ Starting Rate \$ \_\_\_\_\_ Ending Rate \$ \_\_\_\_\_  
Describe Your Duties \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by No. which one(s) you do not wish us to contact \_\_\_\_\_

### PERSONAL REFERENCES

(Do not list relatives or previous supervisors)

Name _____	Phone No. _____	Years known _____	Occupation _____
Name _____	Phone No. _____	Years known _____	Occupation _____
Name _____	Phone No. _____	Years known _____	Occupation _____

### APPLICANT'S STATEMENT - READ CAREFULLY!

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on my application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice in compliance with applicable laws or statutes.

I understand that employment at this organization is "at will", and includes no guarantee, contract, or promise of employment for any specified length of time. I further understand that a criminal record check will be conducted on me in order to work in a day care center.

I authorize the use on any information in this application and any attached supplements to verify my statements, and I authorize the past employers, schools, churches, all references, and any other persons or organizations, whether or not identified in this application, to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any and all liability or damages on account of having furnished such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date