

First Years Children's Center

Application for Employment

Perspective employees will receive consideration without discrimination based on race, creed, color, gender, age, national origin, handicap, veteran status or any condition prescribed by state and local law.

Name:		Date:	Date of Birth:	
Cell Phone:	Home Phone:		Alternate Phone:	
Address:			City, State, Zip:	
Social Security Number:		Position desired:		
Wage expected:		Full time or Part time:		
What days and hours are you available to work?				
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
Will you work overtime if asked?		When will you be available for work?		

Are you legally eligible for employment in the United States? Yes No

Have you ever been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses which have been annulled, expunged or sealed by a court?

Yes No

If yes, describe in full: _____

Do you have current proof of any of the following?					
TB Test (within the last year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inf/Child/Adult CPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	First Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	HIV/BBP Training (with in the last year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20 Hour STARS Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any other special skills or training?		
Portable Background Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Education:				
	Years Attended	Major Courses	Graduated?	Degree/Date
High School:				
College:				
Technical/Vocational:				
Other:				

Employment History (start with current or most recent employer, includer volunteer experience)			
Employer:		Telephone:	
Address:		City, State, Zip:	
Dates Employed From:		To:	Supervisor's Name:
Hourly Pay:		Reason for Leaving:	
Duties and Responsibilities:			
Employer:		Telephone:	
Address:		City, State, Zip:	
Dates Employed From:		To:	Supervisor's Name:
Hourly Pay:		Reason for Leaving:	
Duties and Responsibilities:			
Employer:		Telephone:	
Address:		City, State, Zip:	
Dates Employed From:		To:	Supervisor's Name:
Hourly Pay:		Reason for Leaving:	
Duties and Responsibilities:			
If more space is needed to write your employment history, attach another sheet of paper or your resume.			

References:

Name	Phone Number	Years Known	Relation

The information I have provided in this Application of Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, be cause for immediate termination of my employment at *First Years Children's Center*.

I authorize the employer to contact and obtain information about me from the previous employers, educators, or references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, resume, or during my interview.

This application is not an employment agreement. If I am offered and accept employment with First Years Children's Center I understand I may resign or the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. Employment is conditional upon satisfactory completion of background clearance check.

All applicants that are less than 18 years old are required to work with supervision. You must be 18 years old to have sole charge of a daycare center group.

I fully understand and accept all terms and conditions in the above statement.

Applicant's Signature: _____ **Date:** _____