For Office Use Only
Hire Date
Job Title
Pay Rate
Authorize Hire

CHILD CARE EMPLOYMENT APPLICATION

Personal Int	<u>ormation</u>		Date of a	application	//			
PLEASE PRINT								
FIRST NAME		La	st Name		Middle Initial			
Street Address								
City, State, Zip								
Home Phone Nur	mber		Work Phone N	Work Phone Number				
Facsimile Numbe	r		E-mail Address					
Social Security No	umber		Driver's License	Driver's License Number/State/Expiration				
			if job in	nvolves any driving)				
Referred by:								
EDUCATION AN								
Name	Address (City & State)	Course of Study/Major	Did you Graduate?	Diploma, GED, Degree	Hours Completed (If applicable)			
High School				Yes No	, , , ,			
Business/Trade School				Yes No				
Undergraduate				Yes No				
Graduate				Yes No				
Other				Yes No				

CERTIFICATION, LICENSES & TRAININGS-List only if related to job

	Certificates	Expiration Date	From Whom:
First Aid:			
CPR:			
Trainings:			
Professional Licenses			

ADDITIONAL INFORMATION

Have you taken any college course(s) relating to Early Childhood, Elementary Education, Child Psychology, Human Growth & Development, Recreation, or Physical Education?	YES	NO
Are you currently employed?	YES	NO
May we contact your employer?	YES	NO
Are you currently on "lay off" status and subject to recall?	YES	NO
Are you at least 18 years of age, can you provide proof of your eligibility to work?	YES	NO
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?	YES	NO
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?	YES	NO
If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? If YES, please explain:	YES	NO
Have you ever been convicted of any moving violation in the last three years?	YES	NO
If hired, do you have a reliable means of transportation to and from work?	YES	NO

WORK EXPERIENCE: List jobs starting with present or most recent position.

Employer: Name and Address	Start/End Date mm/yy	Position Held/Salary	Hours per week	Reason for leaving	Supervisor's Name and Phone #	Responsibilities
1.						
2.						

1.							
1.							
2.							
Are you willing	to have your pr	esent employer	contacted re	egaro	ding your qualifi	cations?	YES NO
Have you ever	been discharged	or forced to res	ign from a p	ositi	on?		
PROFESSION	AL REFERENCE	S Please list tw	o (2) profes	siona	Il references (em	ployer or super	visor).
Name			Т	elepl	hone		
Position			С	omp	any		
Address							
Name			Т	Telephone			
Position			C	Company			
Address							
LIST ANY QUA	ALIFICATIONS	OR EXPERIENC	CE YOU HA	VE H	IAD WORKING	WITH CHILDR	REN.
Organization	Т	elephone			Summariz	e your job respo	nsibilities
Volunteer Title						, , ,	
Immediate Supervisor and Title							
Dates Volunteered							
May we contact for reference?							
-			•				
Organization	-	Геlephone			Summariz	e your job respo	nsibilities
Volunteer Title							
Immediate Supervisor and Title							
Dates Voluntee							
May we contac	t for reference?						
	·						

PHYSICAL ABILITIES

Received By

moving equipment and furnishings a care.	and generally being able to react quickly to en	sure the safet	ry of the children in				
Are you able to perform the duties a	above?	YES	NO				
Do you require any accommodations, modifications, or adaptive devices to YES NO assist you with performing this job? If yes, please explain:							
EMERGENCY CONTACT INFORM Please list the name, address, and p	IATION hone number of two people we may contact i	n case of an e	mergency.				
Name	Address	Phone	Number(s)				
Name	Address	Phone	Number(s)				
origin, religion, age, marital status, of employees and applicants for employees	ments contained in this application. I understa	ity and treatn	nent to all				
Applicants Signature			Date				
CRIMINAL BACKGROUND RELEA	ASE FORM						
agencies and departments, where a Powerkidz Learning and Daycare Cel	I records maintained by local, state, and feder llowed by law, including child abuse and child nter. I understand that this information will be Daycare Center and may be used to determing Center.	protection re ecome part of	gistries, to f my employment				
	werkidz Learning and Daycare Center and any gents, employees, officers or directors from ar ions or utilization of such records.						
Applicants Signature			Date				

Date

Staff who work with children are expected to participate fully in a program for active youngsters. This may include lifting of young children, getting up and down from the floor, participation in lively indoor/outdoor activities,

PLEASE READ EACH STATEMENT CLOSELY AND INITIAL EACH ACKNOWLEDGING YOUR UNDERSTANDING

__EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to term and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

_DISCRIMINATION AND SEXUAL HARASSMENT POLICY STATEMENT

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

DISCLOSURE TO APPLICANTS CONCERNING DRUG/ALCOHOL TESTING

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

_COMPLETE AND ACCURATE INFORMATION

I hereby certify that I have no knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

AT-WILL EMPLOYMENT

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

TESTING AUTHORIZATION	
	y agree to any legally permitted physical, psychological,
skill, drug or medical test required by the Comp	any as a condition of employment.
	ontained in this application. Said investigation may include
	and other background checks. By applying for this job, I
also authorize post-hire investigation into my cr	edit, driving and criminal background.
COMPANY OBLIGATION	
. ,	eptance of this job application does not mean that a
	specifically posted) or that the company has agreed to
completed application.	er no obligation to hire me as the result of accepting this
LUAVE DEAD AND UNDERSTAND THE A	DOVE DOLLOW STATEMENTS AND ACREE TO DE
	BOVE POLICY STATEMENTS AND AGREE TO BE
BOUND BY THEM IF EMPLOYED BY THE	COMPANY.
Signature	Date
U	