



## KID SPOT CARE TEACHER APPLICATION

DATE: \_\_\_\_\_

GENERAL INFORMATION		
Name:		
Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Date of Birth:	Social Security #:	
Place of birth:		
DRIVING RECORD		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
License #:	State/Province:	
Number of accidents/moving violations in which you were a driver in the past 3 years: _____ Explain:		
	Do you have your own car? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BACKGROUND AND LIFESTYLE		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:		
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you take drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you drink alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL HISTORY			
Do you have any medical conditions that may affect your ability to work as a teacher or child care giver? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:			
What is your energy level?		Are you physically able to work as a child caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:		Do you take any prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list:	
Have you had or do you currently have any psychological problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:			
EDUCATION			
What is your highest level of education?		School/College/University:	
Do you have First Aid/CPR certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what level? _____			
Have you taken any additional courses or training? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list:			
INTERESTS			
Hobbies:		Sports and Fitness:	
List any other interests that may be relevant (language, mind body activities, child development):			
EMPLOYMENT HISTORY			
Dates	Employer	Telephone Number	Duties

**CHILD CARE EXPERIENCE**

What is your previous child care experience?

What is your previous experience working with children?  
 Teacher    Teacher's Aid    Camp Counselor    Babysitter    Raised your own children  
 Other: \_\_\_\_\_

Have you worked with special needs children?    Yes    No  
 If Yes, explain:

What is your experience working with children of different ages?

<input type="checkbox"/> Newborn	How Long: _____	Explain: _____
<input type="checkbox"/> 6-24 months	How Long: _____	Explain: _____
<input type="checkbox"/> 2-5 years	How Long: _____	Explain: _____
<input type="checkbox"/> 6-12 years	How Long: _____	Explain: _____
<input type="checkbox"/> Teenagers	How Long: _____	Explain: _____

**REFERENCES**

Please provide 2 personal references (not a relative) who has known you at least 3 years:

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone No: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone No: \_\_\_\_\_

**CHILDCARE REFERENCES**

Dates Worked	Name	Phone Number	Ages of Children

**EMERGENCY CONTACT**

Name	Relationship	Telephone Number	Email

### Authorization

I, \_\_\_\_\_ [*insert name of applicant*], acknowledge that Kid Spot Care LLC may request a reference check, which may include information on my character, general reputation, education, personal characteristics, driving record, police record, and past employment. I hereby authorize the Agency to obtain any such information.

I acknowledge that I have read and understand this statement and that, to the best of my knowledge, the information provided in this application is true and correct.

I agree to hold the Kid Spot Care LLC harmless of any claim as a result of any placement in which I am a part.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date