

Date of Hire: _____
Position: _____

Date of Separation: _____

Lil' Bloomers Daycare
Employment Application

Position Applied For: _____ Date Available: _____
Full or Part Time: _____ Desired Salary: _____

PERSONAL:

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Are you 18 years of age? Y / N _____

Do you have any medical condition(s) which may interfere with fulfilling
the responsibilities of the position of which you are applying for? Y / N
If so please explain: _____

Have you ever been convicted of a felony, barrier crime or subject of a
founded Child Protective Service Complaint? Y / N If so please
explain: _____

Employment requires Criminal Background Clearance. Is this acceptable to
you? Y / N

In case of emergency, please notify:

_____	_____
Name	Relation
_____	_____
Address	Phone
_____	_____

Education and Training

1. Name and location of high school: _____

Highest grade completed: _____ Date of graduation or GED: _____

2. Name and location of College / University: _____

Dates attended: _____ Number of years attended: _____

Degree (s) earned: _____

3. Additional training or certification that would be helpful in evaluating your application: _____

Experience

Begin with the current or most recent employment (including military experience). Use additional paper if necessary.

1. Position: _____ Job Duties: _____

Phone: _____

Immediate Supervisor: _____

Reason for leaving: _____

Salary: From _____ to _____ Dates: From _____ To _____

Employer: _____ Full Time _____ Part Time _____

Address: _____

May we contact your present employer? _____

2. Position: _____ Job Duties: _____

Phone: _____

Immediate Supervisor: _____

Reason for leaving: _____

Salary: From _____ to _____ Dates: From _____ To _____

Employer: _____ Full Time _____ Part Time _____

Address: _____

May we contact your present employer? _____

3. Position: _____

Job Duties: _____

Phone: _____

Immediate Supervisor: _____

Reason for leaving: _____

Salary: From _____ to _____

Dates: From _____ To _____

Employer: _____

Full Time _____ Part Time _____

Address: _____

May we contact your present employer? _____

4. Position: _____

Job Duties: _____

Phone: _____

Immediate Supervisor: _____

Reason for leaving: _____

Salary: From _____ to _____

Dates: From _____ To _____

Employer: _____

Full Time _____ Part Time _____

Address: _____

May we contact your present employer? _____

5. Position: _____

Job Duties: _____

Phone: _____

Immediate Supervisor: _____

Reason for leaving: _____

Salary: From _____ to _____

Dates: From _____ To _____

Employer: _____

Full Time _____ Part Time _____

Address: _____

May we contact your present employer? _____

Please describe any volunteer work or experience related to child care:

References

1. Name: _____
Company: _____
Address: _____
Email: _____

Title: _____
Relationship: _____
Phone: _____
Work: _____

2. Name: _____
Company: _____
Address: _____
Email: _____

Title: _____
Relationship: _____
Phone: _____
Work: _____

3. Name: _____
Company: _____
Address: _____
Email: _____

Title: _____
Relationship: _____
Phone: _____
Work: _____

I understand that I will be required to submit written information to demonstrate that I possess the education, orientation training, staff development, certification, and experience required by the job position.

I hereby certify that the information given in this application is true and complete to the best of my knowledge.

Signature: _____

Date: _____

SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS
Please Print

Last Name	First	Middle	Maiden	Social Security Number
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Current Mailing Address	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Name of Licensed/Registered Approved Facility/Provider	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Please respond to all four (4) questions below:

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia? ☐ Yes (convicted in Virginia) ☐ Yes (pending in Virginia) ☐ No

If yes to convicted or pending, specify crime(s): _____

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia? ☐ Yes (convicted outside Virginia) ☐ Yes (pending outside Virginia) ☐ No

If yes to convicted or pending, specify crime(s) and state, or other location: _____

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia? ☐ Yes (in Virginia) ☐ No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? ☐ Yes (outside Virginia) ☐ No (outside Virginia)

If yes, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.

Signature

Date