

Developmental Child Care, INC.
8100 Robin Hill Rd.
Newburgh, IN 47630
(812)858-9181
Fax: (812)490-9199

APPLICATION FOR EMPLOYMENT

DATE: _____

NAME _____

DOB _____

ADDRESS _____

CITY, STATE, ZIP _____

SS# _____

TELEPHONE (H) _____

CELL _____

HAVE YOU APPLIED BEFORE? _____

WHEN? _____

HOURS AVAILABLE _____

CAN YOU WORK OVERTIME? _____

WHEN CAN YOU START? _____

EXPECTED PAY _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT I THE US? _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS? _____

IF YES, PLEASE EXPLAIN _____

TRAINING OR ADDITIONAL SKILLS

PROFESSIONAL ORGANIZATIONS _____

SPECIAL SKILLS RELATED TO CHILD CARE _____

VOLUNTEER WORK _____

EDUCATION

HIGH SCHOOL (Name and location) _____

GRADUATION DATE _____

COLLEGE (Name and location) _____

COURSE OF STUDY _____

DID YOU GRADUATE? _____ DEGREE _____

EMPLOYMENT (MOST RECENT FIRST)

NAME _____

ADDRESS _____

PHONE _____ DATES OF EMPLOYMENT _____

PAY RATE _____ REASON FOR LEAVING _____

NAME _____

ADDRESS _____

PHONE _____ DATES OF EMPLOYMENT _____

PAY RATE _____ REASON FOR LEAVING _____

NAME _____

ADDRESS _____

PHONE _____ DATES OF EMPLOYMENT _____

PAY RATE _____ REASON FOR LEAVING _____

THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT, AND COMPLETE. IF EMPLOYED, ANY MISREPRESENTATION OF FACT MAY RESULT IN MY TERMINATION.

DATE _____ SIGNATURE _____