

HOLLI – HILLS CREATIVE CHILD CARE CENTER

APPLICATION FOR EMPLOYMENT

NAME: _____ DOB: _____

SSN: _____ Email Address _____

ADDRESS: _____
(STREET) (CITY, STATE, ZIP)

PHONE NUMBER: _____
(HOME) (WORK) (CELL)

EMPLOYMENT PREFERNCES: (Check all that apply):

Part time _____ Full time _____ Temporary _____

Are you available to work anytime between the hours of 6am-6pm? Yes or No

Salary desired _____

Position applying for _____

How did you find out about this position? _____

EDUCATION BACKGROUND:

_____ High School Graduate (from) _____ on _____

_____ Obtained GED (from) _____ on _____

_____ Attended College/University (at) _____

Graduated: _____

_____ Attended Technical/Vocational School (at) _____

Graduated: _____

PLEASE ATTACH ANY TRANSCRIPTS AVAILABLE

WORK EXPERIENCE: (Beginning with current or last employer)

DATES EMPLOYED	POSITION	EMPLOYER	SUPERVISOR	PHONE NUMBER
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list and describe the duties of any previous positions that you think would help you in the child development field: _____

May we call previous employers for references? _____

Are you willing to continue your education by participating in recommended and/or required training programs? _____

What unique quality do you think you can offer to this organization? _____

Why do you want to work with young children? _____

Have you ever been arrested? _____ If yes, when and for what offense? _____

MINIMUM QUALIFICATIONS:

Do you have? (Check all that apply)

- FBI Background Check Pre-Service Basic Training SIDS/SBS Training
- CPR certification _____ (DATE) First Aid Certification _____ (DATE)

What other certifications or qualifications do you have that you feel would benefit this center? _____

Do you have any relatives presently working at this center or who have worked here previously? _____

PERSONAL REFERNCES:

Name: _____ Occupation: _____ Phone Number: _____

Name: _____ Occupation: _____ Phone Number: _____

Name: _____ Occupation: _____ Phone Number: _____

When will you be able to start? _____

I certify that this information contains no willful misrepresentation falsification and that it is true and complete to the best of my knowledge and belief. I hereby authorize **HOLLI-HILLS CREATIVE CHILD CARE CENTER** to contact the persons listed on this form. I understand that the supervisor may contact others and, at any time, seek verification of any and all information on this form. I understand that any willful misrepresentation is cause for immediate termination.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date hired:

Position:

Hours:

Beginning Salary:

Three month probation expired:

Other comments: