



EMPLOYMENT APPLICATION

(Please print and attach supplemental documents as requested for the posting for which you are applying)

Date of Application: _____

APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Phone (Home): _____ Phone (Cell): _____

Email: _____

Social Security # _____ Driver's License # _____

In Case of Emergency Notify	Phone #	Name of Nearest Relative	Phone #
-----------------------------	---------	--------------------------	---------

POSITION INFORMATION

Position Applied For: _____ Date Available: _____

Available to Work Overtime if Needed: Yes No

If Classroom Position, Age Group Preference (if any):

____ No Preference ____ Infants / Toddlers ____ Two's / Three's ____ Pre-School ____ School-Age

Employment Desired: ____ Full-time Only ____ Part-time Only ____ Full or Part Time ____ On Call
 AM PM

Hours Available: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

Are you seeking temporary or permanent work? _____ Desired Salary: \$ _____

Schedule Conflicts: _____



EMPLOYMENT APPLICATION

Applicants must show they understand and are able to meet the following requirements for employment by initialing each item below.

- High School Graduate or G.E.D recipient
- United States Citizen, or legally authorized to work in the United States
- Will provide Social Security Card or Birth Certificate
- Will provide copy of Driver's License
- Will submit to drug and alcohol testing as required
- Will complete an FBI criminal background check
- Will complete a Child Abuse Registry check
- Physically able to safely supervise young children and perform necessary job functions
- Will maintain professional appearance and conduct at all times

3 PERSONAL REFERENCES (Do not list family members)

NAME	ADDRESS	PHONE NUMBER	OCCUPATION	RELATIONSHIP

EDUCATIONAL EXPERIENCE

High School Attended:	College Attended:
Address:	Degree or Number of Years Completed:
Year Graduated:	Major:



EMPLOYMENT APPLICATION

Child Development Associate Certification: Yes No

If yes, Certification Date: _____ (please submit copy)

List courses completed or relevant childcare training (CPR, First Aid, Child Development, etc. (please submit copy)

Course or Training: _____ Expiration Date _____

Course or Training: _____ Expiration Date _____

Course or Training: _____ Expiration Date _____

List other skills, vocational, and technical: _____

PAST EXPERIENCE

Check if you DO NOT HAVE experience working with children

Check if you DO have experience working with children

Check if you have experience working with children with disabilities

LIST MOST RECENT JOB FIRST

Employer:		Employer:	
Address:		Address:	
Phone #:		Phone #:	
Email:		Email:	
Dates Employed:	to	Dates Employed:	to
Position Title:		Position Title:	
Supervisor:		Supervisor:	
Duties:		Duties:	
Reason for Leaving		Reason for Leaving	
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No



EMPLOYMENT APPLICATION

Do you have any children that need childcare while you are at work: Yes No

If Yes, Age of Child(ren): _____

If Yes, Name of Child(ren): _____

- Please note, while we do offer childcare benefits for our staff, enrollment is not guaranteed.

BACKGROUND

Do we have your consent to do a background check with the state: Yes No

If not, please be aware that we will not hire as this is a requirement from the Louisiana Department of Education.

Have you ever been convicted of a criminal offense? Yes No

Do you currently have any criminal actions pending in which you are the Defendant? Yes No

Are you currently on probation or parole? Yes No

If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

Can you perform the essential functions of the position you are applying for: Yes No

If NO, Please Explain _____

Our State licensing department requires annual training, are you willing to participate: Yes No



EMPLOYMENT APPLICATION

ACKNOWLEDGEMENT OF EMPLOYMENT APPLICATION

I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug and Smoke Free Workplace and maybe required to submit to testing for the presence of drugs as a condition for employment.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

For Office Use Only

Date Submitted: _____

Date Hired: _____

Hire Pay Rate: _____

Date Terminated: _____

End Pay Rate: _____

Administrator Signature: _____ Date: _____