

APPLICATION FOR EMPLOYMENT
Tree of Life Child Development Center

All applicants are considered without regard to race, color, gender, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

PERSONAL INFORMATION

* Indicates a required field.

*First Name _____ *Last _____ *Middle Initial _____ * Birthdate _____

*Current Physical Address _____ * City _____ * State _____ * Zip code _____

Current Mailing Address _____ City _____ State _____ Zip code _____

Telephone: _____ *Email: _____

*Social Security #: _____ Emergency Contact: _____

*Driver's License #: _____ *State: _____
(Position may require operation of a company vehicle)

*Are you legally eligible for employment in the United States? Yes No
United States Visa status, if applicable: _____

*Have you been convicted of a felony? Yes No

*If yes, please explain circumstances: _____

*Are you at least 18 years old? Yes No

POSITION INFORMATION

Position(s) applying for: _____ Salary desired: \$ _____

Employment status desired: Full Time Part Time Temporary

What hours/days are you available to work? _____

If hired, when could you start? _____

How did you hear about this job? _____

****BACKGROUND SELF-REPORTING STATEMENT (All information required)**

Background Check Information

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

If yes, please explain: _____

What is your place of birth? _____

List any previous names used and reasons why: _____

List residential history for the past 10 years (city/state, month & year):

LICENSING HISTORY

Have you ever been licensed or registered to care for adults or children by any state, federal government, or agency? () YES () NO

**If "NO," skip this section*

If "YES," what kind of license did you have (child care home or center, child or adult foster care, etc.)?

When and Where were you licensed? _____

Have you ever been denied or revoked a license/registration to care for a children or adults? () YES () NO

If "YES", when, where, and why? _____

CHILD ABUSE/NEGLECT

Have you ever had a child whom you were legally responsible (natural child, foster child or adopted child) removed from your custody by child welfare agency in any state, after a protective services investigation of possible abuse/neglect? () YES () NO

PERSONAL HEALTH

What is your present health condition? EXCELLENT () GOOD () FAIR () POOR ()

Do you have any health conditions that could inhibit you from properly performing your duties at TOL Daycare?

EMPLOYMENT HISTORY
(Most recent first)

1. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
2. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
3. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
<p><i>If you show no work history for the past two years, please explain where you were and what you were doing for those two years. The two years must be fully accounted for fully. If there are gaps in your response this may prohibit you from receiving an interview.</i></p>			

REFERENCES

* Give the names and addresses of three persons, **other than relatives**, who know you and could validate your skills, abilities, and/or moral character.

Name	Relationship to Applicant	Email	Phone

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (General)	DATES ATTENDED	MAJOR and/or DEGREE
High School				
University				
Professional School				
Other Relevant Training				

Further explanation of education (OPTIONAL): _____

Why do you think you would be a good fit at Tree of Life Daycare? _____

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

Signature of Applicant

Date