Application for Employment



Personal Information				
Full Name:		Date of Birth:		
Maiden Name: (Previous Names)		Social Security #:		
Address:		Ctata		
Email:	City	State Phone:	Zip Code	
Emergency Contact & Number:				
1. Be 18 years 2. Have substitu	his Licensed child of of age with a High te training require s State Criminal Ba able diseases (phy	School diploma. ments completed ckground Check	(.	
Position Applied For:				
Available Start Date:	Desire	d Salary:		
Full-Time Part-Time Hours desired to work?				
What Days? M T W Th F Do you have reliable transportation? Yes or No				
Have you ever worked for us before? Yes or No When?				
Have you worked under a different name? Yes or No Name?				
Certifications/Trainings (CPR, First Aid, baby-sitting, parenting, etc.):				
Highest Level of Education				
Degree	Institution			
Dates Completed	Area of Study			
List any Professional Certifications of	or Specialized Trai	inings		

Work History

<u>Company Name</u>	Job Title	
Responsibilities		
Reason for Leaving		
Previous Salary	Reference Name and Phone #	May we contact them? Yes or No
Company Name	Job Title	Dates of Employmen
Responsibilities		
Reason for Leaving		
Previous Salary	Reference Name and Phone #	May we contact them? Yes or N
Company Name	Job Title	Dates of Employmen
Responsibilities		
Reason for Leaving		
Previous Salary	Reference Name and Phone #	May we contact them? Yes or N

Application Questions Describe the importance of teamwork: Describe your philosophy on discipline: Give a brief description of what you would do on a typical day of Child Care: Describe any additional information you feel is necessary to explain your full qualifications. If Hired, what are your future career goals with our center? Are you a US citizen or an alien who has the legal right to work in this country? Yes or No? Have you been convicted of a felony? Yes or No If yes, please explain: **Persons convicted of a felony cannot be employed by licensed child care centers in the state of Kansas. ** I certify that the answers to the questions on this application and the information I have supplied are true and complete to the best of my knowledge. I authorize Delightful Learning Center to investigate my background and to confirm information contained in this application. I release Delightful Learning Center and or any other person, organization, or institution, from any and all liability that may result from any investigations into my background conducted by Delight Ahead and its management staff. Thank you for completing this application form and for your interest in working for us. DLC will adhere to a policy of equal employment opportunity. All employment decisions are made without regard to race, religion, age, sex, color, national origin, or handicap and in full compliance with all federal and state laws. Your opportunity for employment with us is based on your merit, past-experience, and your ability to perform the job. I understand that misrepresentation or omission of facts on this application, or any other records, will be cause for the rejection of my application or my immediate discharge should I subsequently be employed. Further, I accept that nothing in this application, or in granting of an interview, implies or should be understood as a promise of employment. I also understand that should I be subsequently employed by Delight Learning Center, I have the right to terminate my employment at any time and that Delightful Learning Center may at its discretion terminate my employment at any time with or without prior notice. Signature Date