

## Application For Employment

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
                     Last                      First                      Middle

Address \_\_\_\_\_  
                     Number                      Street                      City                      State                      Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_                      Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Position applied for \_\_\_\_\_                      Date Available \_\_\_\_\_

Email (Please write clearly) \_\_\_\_\_

Students:     Please attach a copy of your current class schedule.

Do you receive State or Federal Work Study?   Yes / No   Amount \$ \_\_\_\_\_

**Education**

Type of School	Name of School	Location	Graduation Date	Major & Degree

Have you been convicted of a crime or is there a criminal charge pending against you? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of, or is there a criminal charge pending against you that relates to child sexual abuse and their disposition? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of, or is there a criminal charge pending against you that relates to other forms of child abuse and neglect? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of, or is there a criminal charge pending against you that relates to any other violent felonies? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

All employees are required to complete a Criminal History and Background Inquiry with employment contingent on clearance.

**Current/ Most Recent Employers**

Name of Employer	<b>Name of Last Supervisor</b>	Date of Employment	<b>May we contact for a reference</b>
Address		From	Yes
City, State, Zip Code		<b>To</b>	No
Phone Number	Your Job Title		
List the jobs you held and duties performed.			
<b>Reason for Leaving</b>			

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Address		From	
City, State, Zip Code		<b>To</b>	No
Phone Number	Your Job Title		
<b>List the jobs you held and duties performed.</b>			
<b>Reason for Leaving</b>			

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City, State, Zip Code		<b>To</b>	No
Phone Number	Your Job Title		
<b>List the jobs you held and duties performed.</b>			
<b>Reason for Leaving</b>			

**Professional References**

Name _____ Position _____ Company _____ Address _____ _____ _____ Telephone (____) _____	Name _____ Position _____ Company _____ Address _____ _____ _____ Telephone (____) _____
Name _____ Position _____ Company _____ Address _____ _____ _____ Telephone (____) _____	You may use your current or past employers as references.

Please list any courses, other work experience, volunteer work, hobbies or interests that would relate to the position you are applying for:

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Please list community organizations you are active in:

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Application Waiver

I authorize investigation of all statements contained in this application. I hereby give Community Child Care Center permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Community Child Care Center from any liability as a result of such contact.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Community Child Care Center is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Community Child Care Center depends solely on your qualifications.

Thank you for completing the application form and for your interest in Community Child Care Center.