

St. John's Child Care

Employment Application

Address: 102 South Stockton Street Wilcox, NE 68982
Email address: stjohswilcoxchildcare@gmail.com

Date _____

Last Name: _____ First Name: _____ M.I.: _____ Are you over 16? Yes No

Are you over 18? Yes No

Address _____ City _____ State _____ Zip _____

Male Female Marital Status: Single Married Widowed Divorced

If Children, their ages _____ Military status: _____

Home Phone (_____) _____ Additional Phone (_____) _____

E-mail address: _____ Referred by: _____

APPLICANT—PLEASE READ: All qualified applicants receive consideration for employment regardless of race, age, religion, sex, national origin, marital status, or disability. This form is designed to help our organization identify your qualifications for employment and is not a contract for employment. If any false or misleading information is given in this application it is grounds for refusal to hire, or if hired, termination of employment.

GENERAL INFORMATION *(Circle the best answer when applicable)*

Please list your availability for a.m., p.m., or both unless otherwise specified. **Hours:** Monday – Friday, 7:00 a.m. to 6:00 p.m.

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

Have you ever been convicted of a crime other than a minor traffic violation? **Yes / No**

If yes, please give date and explain: _____

What qualities/characteristics do you feel you can bring to this position? _____

List any volunteer work: _____

HEALTH INFORMATION

1. Please list any health issues you have. _____

2. Are you taking any prescription medications? _____

3. Are you willing to submit (if asked) to a urinalysis test as part of your application or employment process? _____

4. Are there any issues that may prohibit, or in any way limit, you from working with any age group in our facility? _____

EDUCATION

Name	City/State	Major/Degree (include endorsement)	Current or Complete
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High School			
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College/University			
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Trade/Professional School			
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List any other academic opportunities, enrichment programs and/or extra-curricular activities in which you have participated: _____

EMPLOYMENT

List briefly any other experience in working with children other than in teaching: _____

Please complete the following section thoroughly and accurately. Be sure to include employer's phone number. Please start with the most recent employer and use additional pages if necessary.

Employer	Dates Employed	Job Title
Address	City, State, Zip	Phone Number
Supervisor's Name	Starting Salary/Ending Salary	Reasons for Leaving
Job Duties and Responsibilities		

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REFERENCES

Please furnish the names, addresses and telephone number of two professional and one personal references to whom you are not related and who are not already listed as supervisors above.

Name	Profess. or Pers.	Address	Phone	Years Known
1. _____				
2. _____				
3. _____				

I authorize any inquiry that is necessary to collect any information regarding prior employment, my character, general reputation, experience, and reasons for leaving. I authorize all former employers, references, law enforcement agencies, companies, and schools to release any information about me.

Signature

Date