

EMPLOYEE APP
G-Ma & Pa's

Date: _____

PERSONAL INFORMATION

Name: _____

Phone Number: () _____

Address: _____

Email: _____

Are you of the age 18 or older? Yes No

Are you of the age 21 or older? Yes No

U.S. Citizen: Yes No

In Case of Emergency, contact:

Name: _____

Relationship: _____

Address: _____

Phone: () _____ Phone () _____

Are you under a doctor's care? Yes No If yes, explain: _____

Are you able to lift up to 25 lbs? Yes No If no, explain: _____

Do you have any disabilities? Yes No If yes, explain: _____

Have you ever been convicted of a crime? Yes No If yes, explain: _____

Are you presently employed? Yes No

Position applying for: _____

Preferred Age Group: _____

Child Care Experience: _____

Part Time Full Time Expected Salary: _____

Hours/Days you cannot work: _____

Will you have a child attending G-Ma & Pa's? Yes No

EDUCATIONAL BACKGROUND

High School: _____ Received Diploma or Equivalent? Yes No

College: _____ Received Diploma or Equivalent? Yes No

Major: _____

Postgraduate College: _____ Received Diploma or Equivalent? Yes No

Major: _____

EMPLOYMENT HISTORY

Please list previous employment, starting with most recent (You may attach a resume with additional information)

May we contact the individual below for references to your work? Yes No

If no, please explain:

Place of Employment _____ Position _____

Duties _____

Start Date _____ Ending Date _____

Reason for Leaving _____

Supervisor _____ Phone Number () _____

May we contact the individual below for references to your work? Yes No

If no, please explain:

Place of Employment _____ Position _____

Duties _____

Start Date _____ Ending Date _____

Reason for Leaving _____

Supervisor _____ Phone Number () _____

May we contact the individual below for references to your work? Yes No

If no, please explain:

Place of Employment _____ Position _____

Duties _____

Start Date _____ Ending Date _____

Reason for Leaving _____

Supervisor _____ Phone Number () _____

Please list 3 personal references (not related) – Name, Address, Phone Number, Relationship

1.

2.

3.

Do you have any special skills or talents that would be beneficial in working with young children?
(Please include administrative, organizational and communication skills.)

What 3 words describe your personality?

1.

- 2. _____

- 3. _____

Describe the role that parents, children and staff play in a child care program.

PARENTS :

CHILDREN :

STAFF :

What behavior do toddlers and pre-school age children exhibit when they are bored?

As a Staff member, what steps would you take:
To inform a parent of an accident?

Confront a parent of a disruptive child?

Respond to a voiced concern?

What are your future professional goals?

What are your future personal goals?

By completing this application, you give permission for the child care director to contact your references, verify your past work history, conduct a criminal background check, verify your driving

record, credit report, and contact your previous employers to determine your suitability in working in the child care center. By signing this application, you affirm that the information is true to the best of your knowledge. You also agree to release the center for any liabilities that result from the verification. Thank you.

Applicant _____ **Date** _____