

Tender Loving Care's Employment Application

Name: _____
(Last) (First) (M.I.)

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Hours Available: (____) _____

Employment Desired

Position(s) Applied for: _____ Salary Desired: _____

Type of employment requested (circle one): Full Time Part Time Temporary Summer

Date Available to Start: _____

Have you ever been employed with us before? ___ Yes ___ No

Education

Type of School	Name and Location	Course of Study	# of years completed	Did you graduate?	Degree, Diploma, Certificate and Honors received
High School			9 10 11 12	Yes or No	
College or University				Yes or No	
Associate Teacher Permit					
Site Supervisor Permit					

Employment (List most recent first)

1. Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip Code)

Supervisor: _____ Telephone: (____) _____ Ext. _____

Employed From _____ to _____ Starting Salary: _____ Ending Salary: _____

Work Performed: _____

Reason for Leaving: _____

May we contact the Employer listed above? Y or N

2. Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip Code)

Supervisor: _____ Telephone: (____) _____ Ext. _____

Employed From _____ to _____ Starting Salary: _____ Ending Salary: _____

Work Performed: _____

Reason for Leaving: _____

May we contact the Employer listed above? Y or N

3. Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip Code)

Supervisor: _____ Telephone: (____) _____ Ext. _____

Employed From _____ to _____ Starting Salary: _____ Ending Salary: _____

Work Performed: _____

Reason for Leaving: _____

May we contact the Employer listed above? Y or N

List any additional experience, certification, talents, skills, courses, or licenses you possess which would be applicable to the position for which you are applying:

References (List 3 professional references, not related to you, whom you have known at least one year who could attest to your ability to work well with children.)

Name	Address	Relationship	Telephone
1.			
2.			
3.			

Do you have current: First Aid Certificate: Y or N CPR: Y or N

This position could require lifting children. Do you have any limitations which would prohibit you from lifting: ____ Yes ____ No If Yes, please explain:

Explain why you would be a good fit for this position with Tender Loving Care:

What age group do you prefer working with? _____

Is there an age group that you don't want not want to work with? _____

Acknowledgement/Statement

I am aware that a background study will be performed before I can be hired. I authorize investigation of all statements contained in this application and I understand that false facts may lead to dismissal of employment. I am also aware that Tender Loving Care operates under a smoke/tobacco free environment. The use of tobacco products in the childcare center is prohibited. Your signature below indicates your knowledge of this policy and willingness to abide by it.

In the event of my employment with Tender Loving Care, I agree to comply with all the policies and procedures and the duties and responsibilities that are assigned to my current position. In the event I should terminate my employment, I agree to file my written resignation two weeks prior to the date I will be leaving. I understand that the first three months of my employment are probationary and if my services have not proved satisfactory, my employment may be discontinued.

The statements made and information given in this application, are, to the best of my knowledge, true, accurate and complete. I further understand that if I have made any false or misleading representation in this application, I will not be hired. If any false or misleading representations are discovered after I have been hired, I understand my employment may be terminated. I authorize to Tender Loving Care to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have.

Signature _____ Date _____

Note

Employment applications will be kept of file for one year from the date the application is completed. All current applications that meet qualifications will be reviewed when a vacancy occurs.

FOR OFFICE USE ONLY

Date Received: _____

Interviewed on _____ by _____