

Application for Employment

Little Rebels Daycare Center

507-525-8274

Applicant Information

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

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

Phone: _____ Email: _____

SSN: _____ Desired Salary: _____

Position Applied for: _____

Are you a US Citizen? Yes No If no, are you authorized to work in the US? Yes No

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College:: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College:: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College:: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Other: _____ Address: _____

References

List at least 3 references non related

Full name: _____ Relationship: _____

Address: _____ Phone: _____

Full name: _____ Relationship: _____

Address: _____ Phone: _____

Full name: _____ Relationship: _____

Address: _____ Phone: _____

Previous Employers

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact this employer? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact this employer? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities:

May we contact this employer? YES NO

Training

Have you had CPR or first aid training in the past 2 years: Yes: ___ No: ___

If yes, give expiration date: _____

Do you have any children that need childcare while you are at work: Yes: ___ No: ___

If yes: please list their name and age: _____

(Please note, that while we do offer childcare Benefits to our staff, enrollment is not guaranteed. It depends on our available space and the number of staff children currently enrolled.)

Disclaimer + Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Send application through email: Conniestanke052717@gmail.com or
mail to: 255 2nd ave SW Wells, MN 56097

