



Stay & Play Employment Application

Position you are applying for: _____ Date available: _____

Full or part-time: _____ Desired salary: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____ Home phone: _____
Street

_____ Cell/ work phone: _____
City State Zip

Email address: _____

Are you 18 years or older? Yes No If no, please age: _____

Do you have a medical condition which may interfere with fulfilling the responsibilities of the position for which you are applying? Please include any allergies. Yes No

If so, please explain:

Have you ever been convicted of a felony, barrier crime or have you been the subject of a founded Child Protective Service investigation? Yes No

If yes, please explain:

Upon employment, I understand that I will be required to provide the employer with personal information that will allow the employer to conduct State Criminal Background Clearances.

Yes Applicant's signature: _____

No Please explain:

If employed, please notify the following in the case of emergency:

Name	

Address (City, State, Zip)	
_____	_____
Phone	Relationship to applicant

EDUCATION AND TRAINING:

1. Name and location of high school: _____

Highest grade completed: _____ Date of graduation or GED: _____

2. Name and location of college/university: _____

Dates attended: _____ Number of years completed: _____

Degree(s) earned: _____

Please list any additional training or certification that would be helpful when evaluating your application (CDA, First Aid, CPR, CDL License, etc):

PROFESSIONAL EXPERIENCE:

Begin with your current or most recent employment (including military experience). Use additional paper if necessary.

1. Position: _____ Dates: From _____ to _____

Employer: _____ Full-time _____ Part-time _____

Address: _____

Describe your job responsibilities: _____

Immediate supervisor: _____ Telephone #: _____

Reason for leaving: _____

May we contact your present employer? Yes No Current salary: _____

2. Position: _____ Dates: From _____ to _____
Employer: _____ Full-time _____ Part-time _____
Address: _____
Describe your job responsibilities: _____
Immediate supervisor: _____ Telephone #: _____
Reason for leaving: _____
May we contact your present employer? Yes No Current salary: _____

3. Position: _____ Dates: From _____ to _____
Employer: _____ Full-time _____ Part-time _____
Address: _____
Describe your job responsibilities: _____
Immediate supervisor: _____ Telephone #: _____
Reason for leaving: _____
May we contact your present employer? Yes No Current salary: _____

Please describe any volunteer work or experience related to child care or working with children in group care.

ADDITIONAL PROFESSIONAL REFERENCES:

1. Name: _____ Telephone #: _____
Company: _____ Title: _____
Address: _____
How long have you known this person: _____

2. Name: _____ Telephone #: _____
Company: _____ Title: _____
Address: _____
How long have you known this person: _____

I understand that upon employment, I will be required to submit written information to demonstrate that I possess the education, training, staff development, certification, and experience required by for the job in which I have applied.

I hereby certify that the information given on this application is true and complete to the best of my knowledge.

_____ **Applicant's signature**

_____ **Date**

For recruiting purposes, please tell us how you heard about employment opportunities in our program:

- Local newspaper
- On-line employment board List: _____
- Job Fair List: _____
- Employee List: _____
- Enrolled family List: _____
- Other List: _____

For Office Use Only

Hire date: _____ **Hourly wage:** _____

Position: _____ **Start date:** _____

References documented: Yes No

Separation: _____ **Was this employee terminated?** Yes No

Is this person eligible for re-hired? Yes No **If no, explain.** _____

Supervisor's signature: _____ **Date:** _____