

 Little Feet Daycare Center 
Employment Application

APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____

Street Address _____ City _____

State _____ Zip Code _____ Mailing Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Cell Phone _____ E-mail Address _____

Social Security No. _____

Position Applying for _____ (see attached requirements of
NYS Office of Children and Family Services)

Desired Salary _____ Date Available _____ Full-time or part-time _____

What days and hours are you available for work? _____

Are you a citizen of the United States? YES [] NO []

If no, are you authorized to work in the United States? YES [] NO []

Do you have any friends, relatives or acquaintances working for this Company? YES [] NO []

If yes, state name and relationship: _____

Do you have a driver's license? YES [] NO []

If hired, would you have transportation to/from work? YES [] NO []

Are you over the age of 18? YES [] NO []

Have you ever been convicted of a felony? YES [] NO []

If yes, explain _____

Is there any reason that makes you ineligible to work with children? YES [] NO []

EDUCATION

High School:

School Name _____

School Address _____

Did you graduate? YES [] NO []

Degree / Diploma earned _____

College / University:

School Name _____

School Address _____

Number of years completed _____

Did you graduate? YES [] NO []

Degree / Diploma earned _____

Vocational School:

Name _____

Address _____

Number of years completed _____

Did you graduate? YES [] NO []

Degree / Diploma earned _____

Military:

Branch _____

Rank in Military _____

Total Years of Service _____

Skills / duties _____

Related details _____

EMPLOYMENT HISTORY

Are you currently employed? YES [] NO []

If you are currently employed, may we contact your current employer? YES [] NO []

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer _____

Name of Supervisor _____ Telephone Number _____

Address: _____

Length of Employment (Include Dates) _____ Job Title _____

Position & Duties _____

Reason for Leaving _____

May we contact this employer for references? YES [] NO []

Name of Employer _____

Name of Supervisor _____ Telephone Number _____

Address: _____

Length of Employment (Include Dates) _____ Job Title _____

Position & Duties _____

Reason for Leaving _____

May we contact this employer for references? YES [] NO []

Name of Employer _____

Name of Supervisor _____ Telephone Number _____

Address: _____

Length of Employment (Include Dates) _____ Job Title _____

Position & Duties _____

Reason for Leaving _____

May we contact this employer for references? YES [] NO []

REFERENCES

List below three persons who have knowledge of your work performance within the last five years. Please include professional references only.

Name _____

Telephone Number _____

Address _____

Relationship _____

Name _____

Telephone Number _____

Address _____

Relationship _____

Name _____

Telephone Number _____

Address _____

Relationship _____

PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure.

Applicant's Signature: _____

Date: _____