

# New Beginnings Child Development Center LLC.

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED

## EMPLOYMENT APPLICATION

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Date of Birth: \_\_\_\_\_  
*Month Day Year*

Address: \_\_\_\_\_  
*Street Address State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Employment Desired: \_\_\_\_\_ Full-Time Only \_\_\_\_\_ Part-Time Only \_\_\_\_\_ Full or Part Time \_\_\_\_\_ On Call

Position Desired: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

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

Have you ever been pled guilty, no contest or been convicted of any criminal offense? YES  NO  If yes, when? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Has a report of child maltreatment ever been made against you? YES  NO  If yes, when? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Has a court ever denied parental, custodial, or visitation rights as a result of neglect or abuse of a child? YES  NO  If yes, when? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

While employed in a child care program, have you ever been the subject of disciplinary action or been responsible for a child care facility receiving an administrative or disciplinary action? YES  NO  If yes, when? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

## Education

**High School:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

**College:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Other:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Do you have a Child Development Associate Certification (CDA) YES  NO

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment (Begin with most recent)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Disclaimer and Signature**

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

*I understand that any misrepresentation, falsification, or consequential omission of information may render this application void, or if employed may result in immediate termination. I further consent and agree to submit to any job-related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests. I authorize the individuals and institutions named above to give information that may be needed to facilitate such tests. I authorize the individuals and institutions named above to give information regarding my employment, character, and qualifications, hereby releasing them from all liability for issuing such information.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Submitted:	Time:	Position:
Director Processed: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Interview 1 <input type="checkbox"/> Interview 2 <input type="checkbox"/>		
Date Hired: _____		