

The Cradle Club

Employment Application

Thank you for your interest in The Cradle Club. We are sincerely interested in your qualifications and ask that you answer all questions on this application to the best of your ability.

Personal

(Please Print Clearly)

Today's Date: _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____

City/State/Zip _____ Phone Number _____

Are you legally eligible for employment in the USA? _____ State age if under 18 or over 70 _____

What method of transportation will you use to get to work? _____

Position(s) applied for _____ Rate of pay expected \$ _____

Would you work Full-Time _____ Part-Time _____

Specify days and hours if part-time _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Record of Education

High School _____
Name and Address

Last Year Completed _____ Did you Graduate? _____ List Diploma or Degree _____

College _____
Name and Address

Last Year Completed _____ Did you Graduate? _____ List Diploma or Degree _____

Other (Specify) _____
Name and Address

Last Year Completed _____ Did you Graduate? _____ List Diploma or Degree _____

Present and Past Employment

Beginning with the most recent.

Name and Address of Company _____

Type of Business _____ Date employed from _____ to _____

Starting Salary _____ Ending Salary _____

Name of Supervisor: _____ Phone Number _____

Reason for Leaving _____

Name and Address of Company _____

Type of Business _____ Date employed from _____ to _____

Starting Salary _____ Ending Salary _____

Name of Supervisor: _____ Phone Number _____

Reason for Leaving _____

Name and Address of Company _____

Type of Business _____ Date employed from _____ to _____

Starting Salary _____ Ending Salary _____

Name of Supervisor: _____ Phone Number _____

Reason for Leaving _____

Name and Address of Company _____

Type of Business _____ Date employed from _____ to _____

Starting Salary _____ Ending Salary _____

Name of Supervisor: _____ Phone Number _____

Reason for Leaving _____

Personal References
Not former employers or relatives

Name and Occupation _____

Address _____

Phone Number _____ Relationship to you _____

Name and Occupation _____

Address _____

Phone Number _____ Relationship to you _____

Name and Occupation _____

Address _____

Phone Number _____ Relationship to you _____

Child Care Experience

Have you worked in a child care center before? _____

If yes, with what age group? _____

What age group do you want to work with? _____

Would you be willing to work with all age groups, if needed? _____

Why do you enjoy working with children? _____

What qualities can you bring to The Cradle Club? _____

Are you currently certified in first aid? Yes, Date Certified _____ No _____

Are you currently certified in infant/child CPR? Yes, Date Certified _____ No _____

Have you had SIDS/Shaken Baby training Yes, Date trained _____ No _____

General Information

Please read and sign below:

1. Prior to employment, teachers and assistant teachers must submit documentation verifying their qualifications for the position.
2. All employees are required by DHS (MN State regulatory agency) to complete in-service training on an annual basis.
3. All employees are subject to full background studies, conducted by DHS

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I agree to work the hours, days and shifts as needed. I will work in another area or classification, if requested to do so, and will abide by the rules and regulations of the center.

Applicant's Signature

Date

Do not write below this line

Interviewed by _____ Date _____

Remarks: