

Application for Employment

Personal Information

Name (Last) (First) (Middle)	Date _____
Home Address	City State Zip
Home Telephone	Cellular Phone Email
Position Applying For:	Date Available Interested in (circle all that apply) Full Time Part Time

Day	Mon	Tues	Wed	Thurs	Fri
From					
To					

Are you willing to work before care? Yes No

Are you willing to work extended care? Yes No

Are you 18 years or older? Yes No

How were you referred to us? _____

Education

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name Address City State Zip			Yes No
Certificate Program	Name Address City State Zip			Yes No
College	Name Address City State Zip			Yes No
Graduate School	Name Address City State Zip			Yes No
Other	Name Address City State Zip			Yes No

List relevant childcare training (CPR - Adult, Child, Infant; First Aid; Child Development; etc: _____

List other skills, vocational and technical training: _____

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Please give an honest evaluation of your ability to manage children, including strength & weaknesses:

Please notate the age groups that you have experience in, along with the ages you enjoy teaching most:

Legal

Are you legally authorized to work in the United States? Yes No

Where you ever discharged by any company? Yes No If yes, give name of company(ies): _____

Reason for discharge: _____

Have you ever been convicted of or plead guilty to (including a plea of nolo contendere) a misdemeanor at any time in the past 5 years? Yes No

Have you ever been convicted of or plead guilty to (including a plea of nolo contendere) a felony at any time in the past 5 years? Yes No

Has a report of maltreatment ever been filed against you? Yes No If yes, explain: _____

Has a court ever denied parental, custodial or visitation rights as a result of abuse or neglect of a child? Yes No

If yes, explain: _____

While employed in a childcare 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, explain:

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Employment History

Dates of employment	Name and Address of Employer	Position	Supervisor	Duties	Reason for Leaving

Where you ever discharged by any company? Yes No If yes, give name of company(ies): _____

Are you legally authorized to work in the United States? Yes No

References

Name	Address	Relationship	Phone	Email

Please Read Carefully

I hereby certify that all information contained in this application is true and correct. 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 regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information. Additionally, the applicant understands that they must complete and supply validation of all documents required for employment in a child care facility in Tennessee prior to employment.

Printed name

Signature of Applicant

Date