

KIDDIE KOLLEGE

STAFF APPLICATION

APPLICANTS ARE NOT REQUIRED TO GIVE ANY INFORMATION ON THIS FORM, WHICH IS PROHIBITED BY FEDERAL, STATE, OR LOCAL LAW.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

ADDRESS: _____
STREET CITY / STATE / ZIP CODE

CELL PHONE# _____ HOME PHONE# _____

EMERGENCY CONTACT PERSON NAME, PHONE NUMBER, AND ADDRESS:

TYPE OF POSITION YOU ARE APPLYING FOR: _____

WOULD YOU BE WILLING TO WORK: () FULL TIME/M-F () PART TIME/M-F () BOTH

PLEASE SPECIFY HOURS AVAILABLE: _____

DATE AVAILABLE FOR WORK: _____

WILL YOU HAVE TRANSPORTATION REGULARLY AVAILABLE? () YES () NO

DRIVER'S LICENSE NUMBER: _____ STATE: _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? () YES () NO – IF YES, PLEASE EXPLAIN:

WOULD YOU BE WILLING TO DRIVE A VAN TO TRANSPORT CHILDREN? () YES () NO

CAN YOU LIFT A CHILD AT LEAST 30 LBS? () YES () NO - IF NO PLEASE EXPLAIN:

CAN YOU HAVE CHILDREN IN YOUR CARE WITHOUT THE ASSISTANCE OF OTHER STAFF?

() YES () NO IF NO, PLEASE EXPLAIN:

HIGH SCHOOL NAME AND LOCATION: _____

DID YOU GRADUATE? ()YES ()NO - IF NO, THE HIGHEST GRADE COMPLETED: _____

HAVE YOU ATTENDED COLLEGE OR TRADE SCHOOL? ()YES ()NO - IF YES, LIST SCHOOL, LOCATION, DATES ATTENDED OR GRADUATION DATE:

LIST YOUR PREVIOUS PLACES OF EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER. PLEASE INCLUDE DATES WORKED, HOURLY WAGE, DUTIES PERFORMED AND REASON FOR LEAVING:

PLEASE LIST 3 INDIVIDUALS, NOT RELATED TO YOU WHOM WE MAY REFER FOR A REFERENCE:

PLEASE PROVIDE THEIR NAME, OCCUPATION, ADDRESS AND PHONE #

1. _____

2. _____

3. _____

MAY WE CONTACT YOUR CURRENT EMPLOYER AT THIS TIME FOR A REFERENCE? _____

I STATE THE FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS SHALL BE CONSIDERED A SUFFICIENT CAUSE FOR DISMISSAL. I AUTHORIZE KIDDIE KOLLEGE TO CONTACT PREVIOUS EMPLOYERS, SCHOOLS ATTENDED, PERSONAL REFERENCES, AND ALSO DO AN INVESTIGATION INTO MY PERSONAL BACKGROUND FOR THE PURPOSE OF EVALUATING MY QUALIFICATIONS FOR EMPLOYMENT.

SIGNATURE: _____ DATE: _____