

Tiny Stepping Stones Childcare

Employment Application



Date: _____

Full Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Date of Birth: _____

Last 4 of SS#: _____

Are you a U.S. Citizen: Yes / No

Position Applying for: _____

Part Time or Full time

If PT, list days available: _____

Education: G.E.D - Diploma - Collage Degree - Master's Degree - Other

_____ Check if you DO NOT HAVE experience with children

_____ Check if you have experience with children

_____ Check if you have experience with children with disabilities

Past Job Experience (list most recent job first)

Employer Name: _____

Address: _____

Phone Number: _____

Dates Employed : _____ - _____

Position: _____

Reason for leaving: _____

May we contact: Yes or No

Employer Name: _____

Address: _____

Phone Number: _____

Dates Employed : _____ - _____

Position: _____

Reason for leaving: _____

May we contact: Yes or No

Do you have any children that need childcare while you are at work: ___Yes ___No

If Yes, Name of Child(ren): _____

If Yes, Age of Child(ren): _____

****Please note, while we do offer childcare for our staff, enrollment is not guaranteed.**

Background Do you have a criminal background: ___ Yes ___ No

Do we have your consent to do a background check with the state: ___ Yes ___ No

Have you ever been shown by credible evidence, e.g., court order or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct: Yes No

Do you have a Driver's License? Yes No

If so, provide License Number: _____

Can you perform the essential function of the position you are applying for: Yes No

Have you completed CPR and First Aid training? Yes No

Date of expiration for CPR and First Aid training: _____

Our state licensing department requires annual childcare training, are you willing to participate? Yes No

ACKNOWLEDGEMENT OF EMPLOYMENT APPLICATION

I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug Free Workplace and may be required to submit to testing for the presence of drugs as a condition for employment.

Signature of Applicant:

Date:

Signature of Employer:

Date:
