



## Application for Employment

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_

Social Security No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Type of Employment \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_

Positions Applying for \_\_\_\_\_ Hours Available \_\_\_\_\_

Date Available for Work \_\_\_\_\_ Best Time to Call You \_\_\_\_\_

May we Contact you at Work? \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Have you been convicted of a felony in the last five years? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Educational Background

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Year Graduated \_\_\_\_\_

Type of Degree \_\_\_\_\_ Major/Minor \_\_\_\_\_

College \_\_\_\_\_ Year Graduated \_\_\_\_\_

Type of Degree \_\_\_\_\_ Major/Minor \_\_\_\_\_

### Authorization

I, \_\_\_\_\_ do hereby certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that if employed, falsified statements on the application shall be grounds for dismissal.

I authorize Creative Beginnings Children's Academy to investigate all of the statements contained herein and my references listed are authorized to give you any and all information concerning my previous employment

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

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

### Previous Employment

List the three employers, starting with the most recent ones. If this is your first job, list any assignments or volunteer activities

Employer	Phone Number	Dates Employed (from/to)
Address		
Job Title		
Immediate Supervisor		Salary/ Hourly Rate
Reason for leaving		

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References: List three business/work references who are not related to you. If not applicable, please list three personal references who have known you for at least one year.

Names	Telephone number	Years known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List special accomplishments or awards:

Additional information that you would like for us to consider:

**INSTRUCTIONS:** This form must be completed by the applicant/licensee and each staff member and each household member that is 19 years of age or older. All felonies, misdemeanors and infractions must be reported regardless of age of the individual at the time of the incident or contact by law enforcement. **Minor** traffic violations do not need to be reported. Law enforcement contact means that an arrest occurred or a citation/ticket was issued by a police officer. Staff member includes substitutes, volunteers, primary providers, secondary providers, director, co-director, teacher, certificated/non-certificated teachers, any individual who counts in the staff-child ratio, and any individual who may have contact with children, i.e., aide, cook, driver, or volunteer. Having a conviction does not necessarily prevent you from obtaining a license.

**Have you ever:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Been arrested or cited by any law enforcement officer (includes local, county, state or federal)? ..... | Yes                      | No                       |
| 2. Been arrested or cited by any law enforcement officer in another state? .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been arrested or cited but charges were dismissed or not filed? .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been charged with committing any misdemeanor crime? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Been charged with committing any felony crime? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Been convicted, pled guilty or pled no contest to any felony and/or misdemeanor crime? .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Been convicted, pled guilty or pled no contest to a crime against children? .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Been on a suspended sentence, such as diversion, probation or parole? .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Been in jail or prison? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Been charged with any crime that is sexual in nature? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any of the above questions, you must complete the following table (if you need more space, please use an additional form). Law enforcement records may be obtained in order to determine the accuracy of your answers.

Incident Date mm/dd/yy	Description of Charge	Felony, Misdemeanor or Infraction	County and State	Outcome/Disposition (i.e., jail, fine, probation, dismissed, diversion, etc.)

To the best of my knowledge, the information provided above is true and accurate. I understand that failure to accurately report may result in negative or disciplinary action as determined by the Department.

Signature _____	Date of Birth _____	Relationship to Facility _____
Printed Name _____	Other Names Used (previous married, maiden, alias, nicknames) (If no other names have been used, indicate "none") _____	
Name of Facility/Provider _____	Telephone Number _____	Date _____