



Childcare Employment Application

(Note: Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered. PLEASE PRINT except for signatures.)

Job Applied For: _____ Date: _____

(Teacher, Teacher Aid, Cook, Before/After School Teacher, Custodial)

Name: _____ Phone #: _____

Address: _____ City: _____ Zip Code: _____

Are you 18 years or older? Y or N Social Security #: _____

Were you ever employed here? Y or N If yes, when? _____

Have you ever applied here? Y or N If yes, when? _____

Number of work days missed in the last 6 months: _____

Has a court ever denied parental custodial or visitation rights as a result of child maltreatment?

Y or N If yes, explain:

Have you ever had parental rights terminated? Y or N

Education: (Give name, address, location, highest grade completed, date of leaving)

High School or GED: _____

College or University: _____

College Major: _____ Degree: _____

Advanced Degree or Course Work: _____

Additional Education: (CDL, CDA, vocational, technical training) _____

Health:

Do you have documentation of an annual TB test? Y or N

Do you have any physical limitations which would give you problems performing this job?

Y or N If yes, please explain:

Have you ever been convicted of any of the following:	Yes	No
Capital Murder		
1 st /2 nd Degree Murder		
Manslaughter		
1 st /2 nd Degree Battery		
Aggravated Assault		
Terroristic Threatening		
Kidnapping		
1 st Degree False Imprisonment		
Permanent Detention or Restraint		
1 st /2 nd Degree Rape or Carnal Abuse		
1 st /2 nd Degree Sexual Abuse		
1 st /2 nd Degree Violation of a Minor		
Incest		
1 st Degree Endangering a Minor		
Permitting Child Abuse		
Engaging children in sexually explicit conduct for use in visual or print medium, transportation of minors for prohibited sexual conduct, use of a child or consent to use a child in sexual performance, by producing, directing, or promoting sexual performance by a child		
Criminal attempt, criminal solicitation or criminal conspiracy to commit any of the above offenses		
Distribution to minors of any controlled substance		
Manufacture, delivery, or possession with intent to deliver or manufacture of any controlled substance		
Carnal Abuse in the 3 rd Degree		
Sexual Solicitation of a Child		
Pandering or possessing visual or print medium depicting sexually explicit conduct involving a child		
Negligent Homicide		
Assault in the 3 rd Degree		
Coercion		
Sexual Misconduct		
Public Sexual Indecency		
Indecent Exposure		
Endangering the welfare of a minor in the 2 nd Degree		
Any felony or misdemeanor involving violence or sexual misconduct		

References: Provide names, complete addresses, phone numbers of THREE people (no relatives) we may contact about you.

1. Name _____ Phone # _____
Address _____
2. Name _____ Phone # _____
Address _____
3. Name _____ Phone # _____
Address _____

Work History: Please attach a RESUME or in the space below complete information regarding present and past employment beginning with the most recent, covering all periods of time. If self-employed, please supply business references. PLEASE GIVE MONTH AND YEAR.

<p>Employment History Please give accurate, complete, full-time & part-time employment record. Start with PRESENT or most recent employer.</p>
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Company Name	Phone # ()
Address	Employed (State, Month & Year) From: To:
Name of Supervisor	Pay: Per Hour or Salary (Optional) Start: Last:
Job Title & Describe Work	Reason for Leaving

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Please list any employers that you do not want us to contact:

The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination based on age, citizenship, and disability.

Number of Dependents: _____

Sex: _____ Male or _____ Female

Are you a U.S. citizen? Y or N

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

How long have you lived in Arkansas? _____ years _____ months

How long have you lived at your current address? _____ years _____ months

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? Y or N If yes, describe in full.

State names of relatives and friends working here: _____

Are you now or do you expect to be engaged in other businesses or employment? If yes, please explain

Explain any additional information (relative to name change, use of assumed name, nicknames) necessary to enable us to check your work record: _____

Why do you want to work in this program?

What do you feel best qualifies you for this job?

AFFIDAVIT

I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render the application void, or if employed, would be cause for termination. I authorize the individuals or institution named above to give information regarding my employment, character, and qualifications, hereby releasing them from all liability for issuing such information.

Signature: _____ Date: _____

For Office Use Only

RESUME INCLUDED _____

EMPLOYMENT YES OR NO

PAY RATE _____

START DATE _____

MEMBER _____

CLASS ASSIGNMENT _____

BEST DAYS TO WORK _____

TIMES AM OR PM

TB SKIN TESTED _____

CHILDREN/GRAND CHILDREN ATTENDING

YES OR NO