

Applicable Work Experience

From/To Dates Month/Year	Name & Address	Salary	Position	Reason for Leaving

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May we contact previous employers? ____ Yes ____ No

List any volunteer work with children (Place, dates, age children, duties):

Child Care Training (list any certifications or special training received)

Date	Certification Name	Hours Received	Where Received

Do you have a criminal record? ____ Yes ____ No

If yes, explain: _____

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

If yes, explain: _____

Signature _____

Date _____

Under the Americans with Disabilities Act of 1991, this program is required to reasonable accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews, and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obliged to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? ____ Yes ____ No ____ initials
If no, please explain. _____

Have you had CPR training within the past two years? ____ Yes ____ No
If yes, give expiration date: _____

Have you had first aid training within the past three years? ____ Yes ____ No
If yes, give expiration date: _____

Department of Human Resources requires annual childcare training. Are you willing to participate even if it involves after hours? ____ Yes ____ No ____ initials

LCDC is a smoke free facility and campus. Do you smoke? ____ Yes ____ No
If yes, you understand that there is disciplinary action that will occur if found smoking in the center or on the campus. ____ initials

Department of Human Resources requires that a criminal records check be done on all employees. Are you willing to have a criminal records check at your expense (if you are hired, the cost will be reimbursed to you.)? ____ Yes ____ No
If no, explain. _____

LCDC has a substance abuse policy. Are you willing to take a drug test at your expense (if you are hired, the cost will be reimbursed to you.)? ____ Yes ____ No ____ initials Also are you willing to partake in suspicion drug testing once hired at your expense (if test comes back negative, you will be reimbursed.)? ____ Yes ____ No ____ initials

Please prioritize which benefits mean the most to you (1 is highest priority)

- ____ hourly rate
- ____ paid medical insurance (for self)
- ____ paid vacation
- ____ paid holidays
- ____ 401K program
- ____ other insurance (please identify – eye, dental, prescription, short term disability, long term disability, life, other _____)
- ____ paid training
- ____ other – please specify, _____

Signature _____ Date _____

If you are under 18, can you submit a work permit if hired? _____

If you are not a US citizen, do you have a Visa to work in the US? _____

If yes, what kind of Visa classification?

Visa Registration No: _____ Expiration date _____

Has bond or security clearance ever been denied and/or canceled? _____ Yes _____ No

If yes, please explain: _____

Comments:

I hereby verify that no false statements have been made regarding my qualifications of employment and I authorize investigation of all statements contained in this application, I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature _____ Date _____

Note – please attach any copies documenting training, education, certifications, etc.