



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Last Name	First Name	Middle Name/Initial
Address	City/State	Zip
Home Phone	Other Phone	E-Mail

Date of Application _____ Position Applied For _____ Have you ever been convicted of a felony? Yes [] No []

EDUCATION

High School		Degree/Diploma/Highest Year Completed
College/University	Course of Study	Degree/Diploma/Highest Year Completed
College/University	Course of Study	Degree/Diploma/Highest Year Completed
College/University	Course of Study	Degree/Diploma/Highest Year Completed

REFERENCES

Name	Telephone	Relationship	Years Known	
Name	Telephone	Relationship	Years Known	
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MEDICAL HISTORY

Do you have any impairment (physical, mental, or medical) that would interfere with your ability to perform the job for which you are applying?

CERTIFICATIONS/SPECIAL TRAINING

Childcare training you have completed in the last three years (such as First Aid, CPR, CDA, etc.)

LICENSING

Do you currently have a driver's license? Yes [] No [] C.D.L.? Yes [] No [] A "for hire" endorsement? Yes [] No []

If no to above, would be willing to obtain a driver's license? Yes [] No [] C.D.L.? Yes [] No [] A "for hire" endorsement? Yes [] No []

WORK HISTORY

List childcare experience before other work experience, with most recent first.

Company/Business Name	Address	Telephone	Supervisor
Job Title	Start Date	End Date	How long in this position?
# Hours Per Week	Salary	Reason for leaving?	May we contact employer?
Duties:			

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Note:

If hired for employment by Fannie Battle Day Home For Children, Inc. , you must obtain a medical exam and supply a recent TB test. You are required to assume responsibility for any exams, tests or related costs.

Disclosure:

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I should be employed, and/or criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date _____

Do not write below this line

Interviewed by: _____ Date: _____

Comments:
