

GOLDEN KEYS LEARNING CENTER - Employment Application

Today's Date: _____

Full Name:	
Phone Number:	
Email:	
Date of Birth:	
Home Address:	
Last 4 of SSN:	

Citizenship

- Check if you are a US Citizen
- Check if you are NOT a US Citizen
- Check if you have completed a I-9 document

Answer the following if you are not a US citizen:

Check if you have a VISA to work in the US?

VISA registration number: _____

VISA expiration date: _____

Position Information and Availability

Position Applying for	TEACHER <input type="radio"/>	TEACHER ASSISTANT <input type="radio"/>	FLOATER <input type="radio"/>
Position Type	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		
If PT Days Available			
Schedule Conflicts			

Education

Type	Name	Dates Attended	Diploma Certificate or Degree
High School Degree			
College Degree			
Master's Degree			
Other			

Past Experience

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

List Most Recent Job First

Employer Name:	
Address:	
Employer Phone Number:	
Employer Email:	
Dates Employed:	TO
Position Title:	
Age of Children:	
Duties:	
Reason for Leaving:	
May We Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name:	
Address:	

Employer Phone Number:	
Employer Email:	
Dates Employed:	TO
Position Title:	
Duties:	
Reason for Leaving:	
May We Contact:	

Background

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

If not, please be aware that we will not hire as this is a requirement from the state.

Do you have a criminal background: Yes No

If yes, Explain _____

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

If yes, Explain _____

Do you have a valid driver's license? Yes No

If yes, provide the license number: _____

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

If NO, please explain: _____

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 here at *Golden Keys Learning Center*.

Signature of Applicant: _____

Date: _____

Signature of Employer: _____

Date: _____