

APPLICATION
for employment at LilyPad Learning Center

Full Name				Social Security Number	
Last	First	Middle Initial			
Address				Phone Number	
Street Address	City	State	Zip	()	
Email Address					

Availability (<i>LilyPad Learning Center is open 6am-6pm Monday-Friday</i>)					
Monday	Tuesday	Wednesday	Thursday	Friday	
Date Available to Begin Work		# of Desired Hours	Special availability (<i>during summer, holidays, etc.</i>)		
Month	Day	Year			

Education			
High School	Location (City/State)	Year Graduated	G.P.A.

College/University	Major/Field of Study		
Location (City/State)	Dates attended (Mo/Yr)	Graduated?	G.P.A.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Skills
Please list any special skills or qualities you believe will make you successful in the child care field.

Background (<i>If "yes" to any questions below, attach a separate sheet of paper with a brief explanation of event</i>)		
Have you ever been arrested for or charged with a crime involving a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime involving violence to another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
During the last 5 years, have you been fired or laid-off from a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you now under charges for any violation of law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment History (Begin with most recent employer)

Employer Name		Location (City/State)	Employment dates (Mo/Yr)
Position(s) Held		Supervisor Name	Supervisor Phone Number ()
Ending Wage	Reason for Leaving		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name		Location (City/State)	Employment dates (Mo/Yr)
Position(s) Held		Supervisor Name	Supervisor Phone Number ()
Ending Wage	Reason for Leaving		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name		Location (City/State)	Employment dates (Mo/Yr)
Position(s) Held		Supervisor Name	Supervisor Phone Number ()
Ending Wage	Reason for Leaving		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

References (No relatives. Do not use someone already listed on this application)

Name	Phone Number ()	Relationship	# Yrs Known
Name	Phone Number ()	Relationship	# Yrs Known
Name	Phone Number ()	Relationship	# Yrs Known

Emergency Contact

Name	Phone Number ()	Relationship
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I certify that all facts submitted in the above employment application are true and complete to the best of my knowledge and authorize LilyPad Learning Center to verify their accuracy and to obtain reference information on my work performance. I hereby release LilyPad Learning Center from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for immediate dismissal.

I understand that any employment offered is for an indefinite duration and is at will. I further understand that either I or LilyPad Learning Center may terminate my employment at any time with or without notice or cause. I understand that satisfactorily passing a criminal background check is required prior to employment.

Applicant's Signature

Date