



LEARNING PLACE
EMPLOYMENT APPLICATION

Name: _____

Social Security Number _____ - _____ - _____ Date of Birth ____ / ____ / _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email: _____ Best Time to Contact You: _____

What type of position are you seeking?

- | | |
|--|--|
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Assistant Teacher |
| <input type="checkbox"/> Summer Position | <input type="checkbox"/> Director / Assistant Director |

What Days/Hours can you work?

Monday from ____ to ____ Wednesday from ____ to ____ Friday from ____ to ____
Tuesday from ____ to ____ Thursday from ____ to ____

Please explain any restrictions on your time: _____

What date are you available? _____ Weekly Salary Range _____

What ages are you interested in working with? _____

Can you swim? YES NO Are you willing to supervise children in water? YES NO

Do you speak more than one language? (Please describe) _____

Are you eligible to work in the U.S.? YES NO

If no, are you eligible to be employed under a work permit or green card? YES NO

If yes, indicate work permit or green card number:

Work Permit _____ Green Card _____ Expiration Date _____

How long have you been in the U.S.? _____

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Additional Information

Do you have any allergies? _____

Do you have any restrictions on lifting? _____

Have you ever been arrested? YES NO

Have you ever been convicted of a crime? YES NO If yes, please explain _____

Education

High School _____ Years Attended _____ Did You Graduate? YES NO
Location _____

College/Trade School _____ Years Attended: from _____ to _____
Location _____
Major _____ Degree Received _____

College/Trade School _____ Years Attended: from _____ to _____
Location _____
Major _____ Degree Received _____

Do you have any special training or certification? _____

List any classes taken in Child Development: _____

List any special skills, activities or interests that you have: _____

Employment History (start with your most recent first)

Employer _____ Position _____
Start Date _____ End Date _____ Salary _____
Address _____
Contact Number (_____) _____ Name of Boss/Manager _____
Describe Duties/Responsibilities: _____

Why did you leave this position? _____

May we contact your present employer? YES NO

Employer _____ Position _____
Start Date _____ End Date _____ Salary _____
Address _____
Contact Number (_____) _____ Name of Boss/Manager _____
Describe Duties/Responsibilities: _____

Why did you leave this position? _____

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Employer _____ Position _____

Start Date _____ End Date _____ Salary _____

Address _____

Contact Number (_____) _____ Name of Boss/Manager _____

Describe Duties/Responsibilities: _____

Why did you leave this position? _____

Childcare References (if different than employment history)

Name _____ Age of Children _____

Contact Numbers _____ Years known _____

In what circumstance have they observed you with children? _____

Duties _____

Name _____ Age of Children _____

Contact Numbers _____ Years known _____

In what circumstance have they observed you with children? _____

Duties _____

Name _____ Age of Children _____

Contact Numbers _____ Years known _____

In what circumstance have they observed you with children? _____

Duties _____

Personal References (Non relatives only)

Name _____ Years known _____

Contact Numbers _____ City/State of Residence _____

Has this person observed you with children? YES NO

In what capacity does this person know you? _____

Name _____ Years known _____

Contact Numbers _____ City/State of Residence _____

Has this person observed you with children? YES NO

In what capacity does this person know you? _____

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Child Care Experience

Have you worked in a School / Daycare? YES NO If yes, how long? _____

Years of education completed? _____ Years of previous childcare experience: _____

Age of children of past experience: _____

Will you care for children under Age 2? YES NO Experience: _____

Are you CPR trained? YES NO Are you first-aid trained? YES NO

Residence History

Please list all counties and states for which you have lived: _____

(List previous places of residency for the last 10 yrs)

Street Address: _____

City _____ State _____ Zip _____

Dates you resided there: from _____ thru _____

Street Address: _____

City _____ State _____ Zip _____

Dates you resided there: from _____ thru _____

Street Address: _____

City _____ State _____ Zip _____

Dates you resided there: from _____ thru _____

Street Address: _____

City _____ State _____ Zip _____

Dates you resided there: from _____ thru _____

Emergency Contact Information

What kind of health are you in? Excellent Good Fair Poor

Who should we contact in case of an emergency? _____

Emergency Contact Phone (_____) _____

What do you know about CLP? _____

Why do you want to work for CLP? _____

What do you love about children? _____

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I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Children’s Learning Place (“Company”) permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a pre-employment physical and health examination requirement; (2) consent to and compliance with such policy is a condition of my placement; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

As the applicant, I understand the company is acting solely as a referral agent and is not my employer. I agree to notify Company upon acceptance of employment from a client family introduced to me by Company. I agree to hold Company harmless from any claims by anyone for damages stemming from my placement with an employer. I assume full responsibility for the decision to accept a position with an employer. In addition, I agree that I will not refer any other nannies to any clients introduced to my by Company without going through the company.

Signature _____ Today’s Date _____ / _____ / _____