

DAVIS CHILD CARE CENTER  
1260 N WESTFIELD ST  
OSHKOSH, WI 54902

Date: \_\_\_\_\_

## EMPLOYMENT APPLICATION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ARE YOU OVER 18? \_\_\_\_\_ EMAIL \_\_\_\_\_

REFERRED \_\_\_\_\_ EMPLOYEE REFERRAL \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

WHEN YOU COULD REPORT FOR WORK \_\_\_\_\_

MINIMUM SALARY ACCEPTABLE \_\_\_\_\_

NAME AND ADDRESS OF:

HIGH SCHOOL \_\_\_\_\_

HIGH SCHOOL DIPLOMA DATE \_\_\_\_\_ OR GED DATE \_\_\_\_\_

COLLEGE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ MAJOR \_\_\_\_\_

DEGREE, DIPLOMA, CREDENTIAL \_\_\_\_\_

VOCATIONAL SCHOOL \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ MAJOR \_\_\_\_\_

DEGREE, DIPLOMA, CREDENTIAL \_\_\_\_\_

CHILD CARE COURSES- GRADE & DATE OF CLASS- PROVIDE TRANSCRIPTS

\_\_\_\_\_

ARE YOU PLANNING TO FURTHER YOUR EDUCATION: NO \_\_\_\_\_ YES \_\_\_\_\_ WHEN \_\_\_\_\_

TO WHAT ORGANIZATIONS DO YOU BELONG (educationally and professionally) \_\_\_\_\_

\_\_\_\_\_

THE FOLLOWING TRAININGS ARE PREFERRED BEFORE HIRE AND REQUIRED UPON HIRE- List dates if taken

CPR- INFANT/CHILD \_\_\_\_\_

SIDS \_\_\_\_\_

FIRST AID \_\_\_\_\_

CHILD ABUSE \_\_\_\_\_

SHAKEN BABY SYNDROME \_\_\_\_\_

INDICATE YOUR LAST 3 EMPLOYERS:

NAME \_\_\_\_\_ DATES WORKED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ POSITION \_\_\_\_\_  
SUPERVISOR'S NAME \_\_\_\_\_ SALARY \_\_\_\_\_  
DUTIES \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

NAME \_\_\_\_\_ DATES WORKED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ POSITION \_\_\_\_\_  
SUPERVISOR'S NAME \_\_\_\_\_ SALARY \_\_\_\_\_  
DUTIES \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

NAME \_\_\_\_\_ DATES WORKED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ POSITION \_\_\_\_\_  
SUPERVISOR'S NAME \_\_\_\_\_ SALARY \_\_\_\_\_  
DUTIES \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

SPECIAL TALENTS \_\_\_\_\_  
DO YOU SPEAK ANY FOREIGN LANGUAGES? \_\_\_\_\_  
DO YOU PLAY ANY MUSICAL INSTRUMENTS? \_\_\_\_\_ DO YOU LIKE TO SING? \_\_\_\_\_

PHYSICAL RECORD:  
DESCRIBE YOUR GENERAL HEALTH \_\_\_\_\_  
ARE THERE ANY PHYSICAL OR PERSONAL LIMITATIONS ON THE TYPE OF WORK YOU CAN DO WITH CHILDREN OR THE AMOUNT OF TIME YOU CAN SPEND AT WORK? \_\_\_\_\_

REFERENCES: LIST 3 REFERENCES, NOT RELATIVES FOR FORMER SUPERVISORS (complete all information)  
NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLEASE ATTACH RESUME, TRANSCRIPTS, AND AVAILABILITY

It is my understanding that during the first four months of my employment, my benefits will accumulate but I may not use them. (FICA, Workers Compensation, and Unemployment Compensation are available during this time.)

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APPLICANT SIGNATURE

DATE

I hereby authorize my former employers to release any and all information requested.

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APPLICANT SIGNATURE

DATE

HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED FROM ANY OF YOUR PAST PLACES OF EMPLOYMENT?

\_\_\_\_\_ YES    \_\_\_\_\_ NO    IF YOUR ANSWER IS YES, EXPLAIN THE REASONS FOR EACH TERMINATION

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ALL INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION MAY RESULT IN MY DISMISSAL.

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APPLICANT SIGNATURE

DATE

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Please finish the sentence with the first thought that comes to mind.

1. Children are \_\_\_\_\_.

2. Things I love about children are \_\_\_\_\_

\_\_\_\_\_.

3. The activities I most enjoy with children are \_\_\_\_\_

\_\_\_\_\_.

4. \_\_\_\_\_ makes me angry.

5. My special gifts with children are \_\_\_\_\_.

6. Describe working as part of a team. \_\_\_\_\_

\_\_\_\_\_.

7. Parents are \_\_\_\_\_.

8. Supervisors should \_\_\_\_\_.

9. Being NAEYC accredited means \_\_\_\_\_.

10. If I could change one thing about being a teacher, it would be \_\_\_\_\_

\_\_\_\_\_.

11. My favorite children's book is \_\_\_\_\_.

12. What would your references share about you? \_\_\_\_\_

\_\_\_\_\_.

13. Children learn best when \_\_\_\_\_

\_\_\_\_\_.

14. Young children should be disciplined by the following means: \_\_\_\_\_

\_\_\_\_\_.

15. An ideal classroom should sound \_\_\_\_\_.

16. Please share anything else we should know about you and your beliefs or work with children and families. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**  
**Reference Check Verification Page**

Prospective Employee: \_\_\_\_\_

**Employer References**

*Checkmark if verified as stated on application. Note discrepancies or additional information provided.*

Employer Name: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name/ Person Verifying: \_\_\_\_\_

Duties: \_\_\_\_\_

Notes:

Employer Name: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name/ Person Verifying: \_\_\_\_\_

Duties: \_\_\_\_\_

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Notes: