

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.)

APPLICANT SIGNATURE DATE

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

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

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

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: _____

Notes:

Employer Name: _____

Dates Worked: _____ Position: _____

Supervisor's Name/ Person Verifying: _____

Duties: _____

Notes: