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 SYNDDROME _____
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 OR 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