

Application for Employment



218 County Road K, New Richmond, WI 54017
(715) 246-3199

Application Date / /	Personal Data		
Last Name	First Name	Middle Name	
Current Address		Date of Birth / /	
		Social Security Number - -	
		Home Phone () -	Cell Phone () -

Position			
Indicate Desired Position(s)		First Choice	Second Choice
Full-time	Part-time	Hours Available	Date Available

Statement of Health	
Do you have any physical or mental defects or impediments that might, in any way, hinder your ability to perform the job for which you have applied? Yes No Explain:	
Have you had any recent or past illnesses that might, in any way, hinder your ability to perform the job for which you have applied? Yes No Explain:	
Are you willing to take a physical examination if the nature of the job you have applied for requires one? Yes No	

Citizenship	
Do you have the legal right to live and work in the U.S? Yes No	
Can you, after employment, submit a birth certificate or other proof of U.S. citizenship? Yes No	

Special Interests	
What hobbies or interests do you have that would help you in the position for which you are applying?	
Do you belong to any organizations or clubs related to the position for which you are applying? List:	

Education			
College and address	Field of Study	No. of years attended	Graduation date
High School and address			

Additional Training

Have you completed any of these Early Childhood Courses:

Introduction to the Child Care Profession Yes No*Skills & Strategies for the Child Care Teacher* Yes No*Fundamentals of Infant & Toddler* Yes No*Shaken Baby Syndrome* Yes No*Infant/Child CPR & AED* Yes No*Are you on the REGISTRY?* Yes No

If yes, what is your REGISTRY level: _____ Is your REGISTRY Certificate current? Yes No

Work History - Provide past employment, including military service.

Start with the most recent employment.

From		To		Employer name, address and telephone	Position	Salary	Reason for leaving

May we contact your present employer for a reference? Yes No

Have you ever been discharged (fired) from a job? Yes No

Explain:

References - Do not list people related to you.

Name	Address	Phone	Occupation
		() -	
Name	Address	Phone	Occupation
		() -	

AFFIDAVIT:

I certify that the answers given by me are true and correct without consequential omissions of any kind whatsoever. I agree that the center shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers, or omission made by me in the application. I authorize the schools, companies, or persons named above to give any information regarding my employment, together with any other information they may have regarding me whether or not it is in their records. I hereby release said schools, companies, or persons from all liability for any damage for issuing this information. I also understand an offer of employment will be conditioned on completion of a medical examination to include a TB screening. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer.

Signed _____ Date _____

~~~ We are an equal opportunity employer ~~~