

Growing Minds Child Care Center 411 Cedar St. Millville, NJ 08332



<u>Application for Employment</u>

Thank you for your interest in employment at Growing Minds Child Care Center LLC. We are an equal opportunity employer and will not discriminate on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

General Information: Please print legibly or type.

Are you 18 years of age or older? Yes/No

Last Name First Name Middle Social Security Number Street Address City State Zip Email Address Mobile Phone DOB Home phone Are you a US citizen? Yes/No If you are not a US citizen do you have a Visa to work in the US? Yes/No Visa number: _____ Expiration date: _____ **Employment Desired:** Please list the position(s) you are applying for in order of preference from 1 to 3 (if applicable). I am available to work: (Please check) _____Full time ______Part time ______ Weekends _____ Week days _____ Mornings _____ Afternoons _____ Nights _____ Temporary Date Available _____ Compensation desired: _____

Education/Training: Please print legibly or type.

College/Trade School	Field of Study	Dates Attended	Degree/Certificate
College/Trade School	Field of Study	Dates Attended	Degree/Certificate
Other Education	Field of Study	Dates Attended	Degree/Certificate
High School	City, State	Dates Attended	Diploma
			Yes/No

Have you had CPR training? Yes/No List date of training
Have you had First Aid training? Yes/No List date of training
What other child care trainings have you had? (list details and dates)
In addition to English, what other languages (if any) do you speak fluently?
Do you possess a driver's license? Yes/No If yes, list stateand DL number
What skills and abilities do you possess that would be beneficial to Growing Minds Child Care Center?

Employment History: Please list most recent employer first.

Dates of Employment	Street Address	City, State, Zip
Job Title	Supervisor Name	Reason for Leaving
Dates of Employment	Street Address	City, State, Zip
Job Title	Supervisor Name	Reason for Leaving
Dates of Employment	Street Address	City, State, Zip
Job Title	Supervisor Name	Reason for Leaving
Dates of Employment	Street Address	City, State, Zip
Job Title	Supervisor Name	Reason for Leaving
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May we contact all pr	evious employers? Yes/No
If no, please explain:	

References: Please list at least two references that are not related to you. We will contact all references listed.

Name	Address	Phone	Years known
Name	Address	Phone	Years known
Name	Address	Phone	Years known

Do you have a criminal record? Yes/No Please explain:	
While employed in a childcare program hav action? Yes/No If yes please explain:	
Acknowledgement: Please read the followi agreement.	ng statement and sign below indicating your

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application. I consent to allow Growing Minds Child Care Center LLC to check my references by contacting any persons listed in this application. I understand the reference questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for disqualification of my application or dismissal from employment, if discovered at a later date. I pledge, if hired, to comply with the guidelines of conduct and policies and procedures of Growing Minds Child Care center LLC. I understand that employment may be subject to satisfactory completion of a physical examination, training, drug screening, and background check.

This application will be kept on file for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

Printed Name	Signature	Date