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		NA	NNY	EMPL	_OYM	ENT ÅP	PLI	CAT	ΓΙΟΝ				
Personal Information												Please	print legibly
Last Name			F	First Name					Middle	Initial		Date	
Full Street (Mailing) Address (including aparts			partme	nt number	.)			City		State		ZIP	
Social Security Number		Day Tel	lephone	hone Evening Telep				hone	ne Fax N			Number (if available)	
Available starting date Hours ava			available	lable to work Days availal			ilable	to wo	o work Desi			red salary range	
10 years of age or older?		0.1/011.000	oko?	l If no	do vou c	hight to amo	lina'	2   A	ro vou l	o a a llu a	مانحناما	la ta wark	in the LLC 2
18 years of age or older?		o you sm		11 110, 0		bject to smo	oking	· A	ire you ie		r eligible to work in the U.S.?		
Yes No		Yes [							☐ Yes ☐ No				
Do you have a driver's licen	ise?	Sir	nce Wh	ien?	LIST ST	ate and licen	ise ni	ımber					
☐ Yes ☐ No													
Have you ever had a movin	g or	driving re	elated v	iolation or	traffic a	ccident (incl	ude t	ickets)	)?			☐ Yes	□ No
If yes, list specifics.													
Have you ever been arreste	ed or	convicted	d of a fe	elony and/	or a mis	demeanor?						☐ Yes	□ No
If yes, please explain.													
Have you ever been the sul	oject	of a subs	stantiate	ed compla	aint of ch	ild or sexua	l abus	se?				☐ Yes	□ No
If yes, please explain.													
Are you certified in First Aid?				!?	Do you sw	im?		Are	you ce	ertifie	d in lifesa	ving?	
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					☐ Yes ☐ No								
Are you willing to become certified in these programs?						☐ Yes ☐ No							
If no, please list which prog	rams	you are	NOT w	rilling to be	ecome c	ertified in							
Are you comfortable caring for children when they are mildly ill?  Do you need her					ed hea	ealth insurance?							
☐ Yes ☐ No [						☐ Yes ☐ No							
Please list any pets you would NOT be comfortable being around/living with.													
For Live-in Applicants	only	,											
Have you ever lived away fr	om h	nome bef	ore?	If yes,	how far	away (in ho	urs oi	r miles	), for hov	w long a	and v	vhen?	
☐ Yes [	□ No	0											
Have you ever been responsible for the payment of your own living expenses?					□ No								
Have you ever had a checking account?			D	Do you have cooking skills?					Do you do your own laundry?				ry?
☐ Yes ☐ No				☐ Yes ☐ No				☐ Yes ☐ No					
Do you plan on bringing a vehicle? If yes, plea				se list ye	ar, make an	id mo	del						
☐ Yes ☐ No													



Do you have any medical condition that could affect your ability to care for children?	Medical Information								
For each of the following, please indicate if you are willling to submit to, at no expense to you.  Physical Examination    Drug screening   T.B. test   HIV test	Do you have any medical conditi		☐ Yes ☐ No						
Physical Examination   Drug screening   T.B. test   HIV test   Yes   No   Yes   Yes   No   Yes   No   Yes   Yes   Yes   No   Yes   No   Yes   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Yes	If yes, please explain.								
Yes   No   No   Yes	For each of the following, please indicate if you are willing to submit to, at no expense to you.								
Have you been immunized against the common childhood diseases?	Physical Examination	Drug screening		HIV test					
If no, which ones have you NOT been immunized against?  Do you have any diet restrictions?	☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No				☐ Yes ☐ No			
Do you have any diet restrictions?	Have you been immunized agair		☐ Yes ☐ No						
If yes, please explain  Do you have any current or history of emotional health problems?	If no, which ones have you NOT								
Do you have any current or history of emotional health problems?	Do you have any diet restrictions	s?				☐ Yes ☐ No			
If yes, please explain  Have you ever been recommended to an alcohol or drug rehabilitation or mental institution?  If yes, please explain  Educational Background  Do you have a high school diploma/GED?  Please list name of high school  Please list name of college (if attended)  Dates attended  Phone Number  Please list any other special training you would like us to be aware of  Employment History  Current Employer (if a company, full company name)  Supervisor's Name / Phone Number (if different)  Employer's full mailing address  City  State  ZIP  Employer's Telephone Number  Position you held  Employed since  Ending salary  May we contact?	If yes, please explain								
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Reason for Leaving May we contact?	Employer's full mailing address		City State		ZIP				
Reason for Leaving May we contact?									
	Employer's Telephone Number		Employed since	;	Ending salary				
☐ Yes ☐ No	Reason for Leaving					May we contact?			
						☐ Yes ☐ No			



List ALL CHILDCARE Refere	nces for the Past FIVE	Years				
Company/Family Name	Date Emplo	oyed From	То			
Employer's full mailing address		City	State	ZIP		
Employer's Telephone Number	Position you held	Ending sala	ary	May we contact?		
				☐ Yes ☐ No		
Reason for leaving		•				
Describe your responsibilities in de	etail					
Company/Family Name		Date Emplo	oyed From	То		
Employer's full mailing address		City	State	ZIP		
Employer's Telephone Number	Position you held	Ending sala	ary	May we contact?		
				☐ Yes ☐ No		
Reason for leaving						
Treason for leaving						
Describe your responsibilities in de	 etail					
December year responsibilities in a	zan					
Company/Family Name		Date Emplo	aved From	То		
Company/Family Name		Date Limpic	byed i form	10		
Employer's full mailing address		City	State	ZIP		
Employer's full mailing address		Oity	State	ZII		
Employer's Telephone Number	Position you held	Ending sala	arv	May we contact?		
Employer's relephone Humber	1 conton you need	Ending Said	ai y			
				☐ Yes ☐ No		
Reason for leaving						
Describe the state of the state	-4-9					
Describe your responsibilities in de	atali					
Company/Family Name	Date Emplo	oved From	То			
		·	•			
Employer's full mailing address		City	State	ZIP		
Employer's Telephone Number  Position you held		Ending sala	ary	May we contact?		
				☐ Yes ☐ No		
Reason for leaving				1		
Describe your responsibilities in de	etail					



Personal, Character or Professional References								
PERSONAL, CH	PERSONAL, CHARACTER OR PROFESSIONAL REFERENCE 1							
Name			Relationship					
Phone Number			Length of time known					
PERSONAL, CH	ARACTER OR PROFI	ESSIONAL F	REFERENCE 2					
Name			Relationship					
Phone Number			Length of time known					
Childcare Back	ground/Information							
	ren You Have Cared For	Please List 1	The Ages You Have the Most	and Least Experience With				
Youngest	Oldest	Most	The Ages Tou Have the Woot	Least				
Age you started ca	uring for children		Did you care for your siblings?					
			☐ Yes ☐ No					
Have you had expe	erience working with spec	ial needs child	lren?	☐ Yes ☐ No				
If yes, please expl	ain							
Have you had to ha	andle an emergency of an	y kind?		☐ Yes ☐ No				
If yes, please explain								
I CERTIFY THAT I HAVE ANSWERED ALL THE QUESTIONS ON THIS APPLICATION ACCURATELY AND TO THE BEST OF MY KNOWLEDGE. I HAVE NOT WITHHELD ANY INFORMATION WHICH WOULD CAUSE THE INFORMATION GIVEN ABOVE TO BE MISLEADING. IN THE EVENT OF MY EMPLOYMENT AS A RESULT, IN FULL OR IN PART, FROM THE INFORMATION CONTAINED ON THIS APPLICATION, I UNDERSTAND THAT ANY INACCURATE OR MISLEADING INFORMATION IS GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT.								
Signature of Applicant			Date					