

Little Me with Daycare

6290 E Lemhi Ct

Nampa, ID 83687

Phone number: (208) 913 - 9999

APPLICATION FOR EMPLOYMENT

Pre-Employment Application

Equal Opportunity Employer

Personal and Employment Information:

Today's Date: _____

Name: _____ Social Security Number: _____ - _____ - _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

Referred By: _____

Position Applied For: _____

Days Available: M T W TH F Full Time / Part Time Age Preference: _____

Date Available To Start: _____ Salary Desired: \$ _____

Please list any hours unavailable to work: _____

Have you ever applied to this company before? ___ Yes ___ No If Yes, when _____?

Are you currently employed? ___ Yes ___ No

If so, may we contact your present employer? ___ Yes ___ No

Education History:

High School: _____ Did you graduate? ___ Yes ___ No

College: _____ Did you graduate? ___ Yes ___ No

If yes, type of Degree or Major _____

Trade/Business or
Correspondence School: _____ Did you graduate: ___ Yes ___ No

Other special training or courses: _____

Are you planning to further your education? ___ Yes ___ No If so, when _____

Please list 3 references not including past supervisors or relatives.

Name	Phone #	Occupation	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current / Former Employers – Please indicate last 3 employers

1. Business Name: _____ Phone Number: _____
Position: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Dates of Employment: _____
Reason for Leaving: _____
2. Business Name: _____ Phone Number: _____
Position: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Dates of Employment: _____
Reason for Leaving: _____
3. Business Name: _____ Phone Number: _____
Position: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Dates of Employment: _____
Reason for Leaving: _____

Additional Information

Have you ever been convicted of a crime or felony? ___ Yes ___ No

If so, please explain:

- Do you have a State Daycare License? ___ Yes ___ No
Do you have a current Boise City License? ___ Yes ___ No
Are you current with your CPR certification? ___ Yes ___ No
Are you current with your First Aid certification ___ Yes ___ No

“I authorize that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize Dreamland to investigate any and all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Dreamland has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature: _____ Date: _____