



Kidz Ink®

Employment Application

Date: _____

POSITION APPLYING FOR: _____ HOURS YOU CAN WORK: _____

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street City State/Zip

SSN: _____ DRIVER'S LICENSE NO: _____

TELEPHONE NUMBER: _____

INDICATE DATES YOU ATTENDED SCHOOL:

HIGH SCHOOL FROM: _____ TO: _____ COLLEGE FROM: _____ TO: _____

How many College Credits, Training Hours and Certificates do you have in Early Childhood Education (ECE):

Training Hrs: _____ College Credits _____ Certificates _____

Please list any College credits that pertain to Early Childhood Education, Elem. Education, etc.: _____

Are you planning to further your education? Yes _____ When? _____ No Plans _____

Are you CPR or 1st Aid Certified: CPR _____ Expires: _____ 1st Aid _____ Expires: _____

What age group do you prefer to work with? _____ What age groups have you worked with? _____

Have you been convicted of a crime in the past 7 years? _____

If Yes, Please give details: _____

REFERENCES

Please list two references, not including relatives or former supervisors.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

List Below Present and Past Employment, Beginning with Most Recent

Employer: _____ Phone: _____
Address: _____
Start Date: _____ End Date: _____
Positions and Duties: _____

Reason for Leaving: _____ Supervisor's Name _____
May we contact? Y / N (circle one) Hourly Wage: _____

Employer: _____ Phone: _____
Address: _____
Start Date: _____ End Date: _____
Positions and Duties: _____

Reason for Leaving: _____ Supervisor's Name _____
May we contact? Y / N (circle one) Hourly Wage: _____

Employer: _____ Phone: _____
Address: _____
Start Date: _____ End Date: _____
Positions and Duties: _____

Reason for Leaving: _____ Supervisor's Name _____
May we contact? Y / N (circle one) Hourly Wage: _____

Please indicate Salary range you are looking for: _____ to _____

Special Skills and Qualifications:

Summarize special job related skills and qualifications acquired from employment or other experiences.

Affidavit

I declare each of the above answers given to be complete and true to the best of my knowledge and I am aware that any misrepresentation or omission may be cause for dismissal.

Signature: _____ Date: _____

This form has been designed to comply with state and federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status
Note: Kidz, Ink reserves the option to terminate employment with or without cause and with or without notice at any time.

APPLICANT QUESTIONS

1. List your strengths as a caregiver. _____

2. Describe how Kidz, Ink will benefit by having you as part of our team: _____

3. What will your goals for our children at the center be: _____

4. What are three indicators of excellence you would look for in an Early Childhood Program?:_____

5. Children learn best when:_____

6. A child may be left alone:_____

7. A child is disruptive at Circle Time. The first time the caregiver would_____

The second time the caregiver would _____

The third time the caregiver would_____

8. Describe your discipline philosophy:_____
