

Heidi's House Child Care Center

Personal Information			
Last Name	First	Middle	Date
Street Address			Home Telephone ()
City,State,Zip			Business Telephone ()
Have you ever applied forYesNo If not,	employment with us? what hours can you wor	k?	Social Security #
Are you legally eligible fo	or employment in the Uni	ted States?	Pay Expected
Other special training or si	kills (language, machine	operation, etc.)	Will you work overtime if asked?No
How were you referred to	our Company?		When will you be available to begin work?
Have you ever been convi If yes, please explain:	cted of a felony?Y	esNo	Position Desired
Do you have any relatives Company?	who are presently or hav	ve formerly been employed by ou	ır

Education					
School	Name and Location of School	Course of Study	Years Completed	Did you Graduate	Year of Degree Diploma
Graduate					
College					
Business/Trade/ Technical					
High School					
Elementary					

Employment Information	
Company Name	Telephone ()
Address	Employed-(State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed-(State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed-(State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed-(State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Please list any employers you do not want us to contact an employers listed on this application unless you specifically	d your reason for the exclusion. We will contact all of the y exclude them below.
Employer's Name	Reason
Employer's Name	Reason

Reference Check Please do not include relatives or former employers

Name		
Address		
Telephone	Years Known	
Occupation		
Name		
Address		
Telephone	Years Known	
Occupation		
Name		
Address		
Telephone	Years Known	
Occupation		

Signature

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decided to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date	Signature

Professional Affil	liations
_	
	nildren in the past or are looking to work with children. A backs done on all employees and volunteers.
Interview Re	esults For Office Use Only