

KIRKLAND

CHILDREN'S SCHOOL

NURTURING CHILDREN & ENRICHING FAMILIES

Employment Application

Personal Information:

Last Name _____ First Name _____ M.I. _____ Today's Date _____

Street Address _____

City, State _____ Zip _____

Home (____) _____ - _____ Cellular (____) _____ - _____ E-Mail _____

Have you ever applied for employment with us? Yes No If yes, what month and year? _____, _____

Position desired: _____

Are you legally eligible for employment in the United States? Yes No Are you available for full-time work? Yes No

If no, what shift hours or days are you available? _____

When will you be available to begin work? _____ Pay expected \$ _____ Hourly / Monthly

Employment Experience:

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Employer	Telephone Number	
	Address	Start Date:	End Date:
	Job Title and Responsibilities	Starting Salary:	Final Salary:
	Name, Title of Supervisor, Phone Number	Reason for Leaving:	
		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	

2	Employer	Telephone Number	
	Address	Start Date:	End Date:
	Job Title and Responsibilities	Starting Salary:	Final Salary:
	Name, Title of Supervisor, Phone Number	Reason for Leaving:	
		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	

3	Employer	Telephone Number	
	Address	Start Date:	End Date:
	Job Title and Responsibilities	Starting Salary:	Final Salary:
	Name, Title of Supervisor, Phone Number	Reason for Leaving:	
		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	



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Education:

	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate	Degree or Diploma
Graduate				<input type="radio"/> Yes <input type="radio"/> No	
College				<input type="radio"/> Yes <input type="radio"/> No	
Business Trade or Technical				<input type="radio"/> Yes <input type="radio"/> No	
High School				<input type="radio"/> Yes <input type="radio"/> No	

Training:

All Newport Children's Schools, Inc. locations are licensed by the State of Washington.

To be eligible to work in a daycare center, all employees must meet the State of Washington regulations.

Are you at least 18 years of age?	<input type="radio"/> Yes <input type="radio"/> No	Do you have current First Aid training?	<input type="radio"/> Yes <input type="radio"/> No
Do you have current Infant/Child CPR training?	<input type="radio"/> Yes <input type="radio"/> No	Have you had HIV/Aids training?	<input type="radio"/> Yes <input type="radio"/> No
Are you registered with Merit?	<input type="radio"/> Yes <input type="radio"/> No	Have you had a recent TB test?	<input type="radio"/> Yes <input type="radio"/> No
If yes, how many hours of training do you have? _____			

Please list below any special skills, training or education that you may feel is relevant to employment with us:

References:

Identify four individuals whom you have known in a professional capacity for at least one year. Please do not include family members.

Name	Relationship to You	Years Known	Telephone Number and E-Mail

AGREEMENT: Please read the following statements carefully:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may be considered justification for dismissal if discovered at a later date.

I understand that the first 90 days of my employment will be considered a probationary period and that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the director or owner of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature _____ Date _____

