

Wee Giggles Child Care

2233 S Central Way, Anderson, IN, 46011
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Application for Employment



Thank you for your interest in employment at Wee Giggles Child Care. We are an equal opportunity employer and will not discriminate on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

General Information: *Please print legibly or type.*

_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Social Security Number</i>
_____	_____	_____	_____
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____	_____	_____	_____
<i>Home phone</i>	<i>Mobile Phone</i>	<i>Email Address</i>	<i>DOB</i>

Are you a US citizen? Yes/No

If you are not a US citizen do you have a Visa to work in the US? Yes/No

Visa number: _____ Expiration date: _____

Employment Desired: *Please list the position(s) you are applying for in order of preference from 1 to 3 (if applicable).*

1. _____
2. _____
3. _____

I am available to work: *(Please check)*

_____ Full time _____ Part time _____ Weekends _____ Week days

_____ Mornings _____ Afternoons _____ Nights _____ Temporary

Date Available _____ Compensation desired: _____

Are you 18 years of age or older? Yes/No



Education/Training: *Please print legibly or type.*

College/Trade School	Field of Study	Dates Attended	Degree/Certificate
College/Trade School	Field of Study	Dates Attended	Degree/Certificate
Other Education	Field of Study	Dates Attended	Degree/Certificate
High School	City, State	Dates Attended	Diploma
			Yes/No

Have you had CPR training? Yes/No List date of training _____

Have you had First Aid training? Yes/No List date of training _____

What other child care trainings have you had? (list details and dates)

In addition to English, what other languages (if any) do you speak fluently?

Do you possess a driver's license? Yes/No If yes, list state _____
and DL number _____.

What skills and abilities do you possess that would be beneficial to {Name of your Daycare}?



Employment History: *Please list most recent employer first.*

Employer Name	Dates of Employment	Street Address	City, State, Zip
Phone Number	Job Title	Supervisor Name	Reason for Leaving
Employer Name	Dates of Employment	Street Address	City, State, Zip
Phone Number	Job Title	Supervisor Name	Reason for Leaving
Employer Name	Dates of Employment	Street Address	City, State, Zip
Phone Number	Job Title	Supervisor Name	Reason for Leaving
Employer Name	Dates of Employment	Street Address	City, State, Zip
Phone Number	Job Title	Supervisor Name	Reason for Leaving

May we contact all previous employers? Yes/No

If no, please explain: _____

References: Please list at least two references that are not related to you. We will contact all references listed.

Name	Address	Phone	Years known
Name	Address	Phone	Years known
Name	Address	Phone	Years known

Do you have a criminal record? Yes/No

Please explain: _____

While employed in a childcare program have you ever been the subject of disciplinary action? Yes/No

If yes please explain: _____

Acknowledgement: Please read the following statement and sign below indicating your agreement.

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application. I consent to allow Wee Giggles Child Care to check my references by contacting any persons listed in this application. I understand the reference questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for disqualification of my application or dismissal from employment, if discovered at a later date. I pledge, if hired, to comply with the guidelines of conduct and policies and procedures of Wee Giggles Child Care. I understand that employment may be subject to satisfactory completion of training, drug screening, and background check. This application will be kept on file for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

Printed Name _____ Signature _____ Date _____

