

EMPLOYMENT APPLICATION

Kiddie Kollege provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws.

Please print legibly with blue or black ink.

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Position(s) applying for: _____

What days are you available to work? Monday Tuesday Wednesday Thursday Friday Saturday

How many hours per week are you available to work? _____

Are you at least 18 years of age? YES NO

Have you previously applied for a position or been employed with Kiddie Kollege, Inc.? YES NO
If "yes," when and what position? _____

Are you related to anyone currently working at Kiddie Kollege, Inc.? YES NO
If "yes," please list name and position: _____

Have you ever been convicted of a crime? YES NO
If "yes," please reference the attached Non Conviction Statement.

Are you currently out on bail or on your own recognizance, pending trial for an offense for which, you have been arrested? YES NO
If "yes," provide date(s) and details: _____

Education

High School Name: _____

City: _____ State: _____

Did you graduate? YES NO If "no," did you receive a GED? YES NO

Vocational/Trade School Name: _____

City: _____ State: _____

Years Completed: _____ License(s): _____

Did you graduate? YES NO Degree/Diploma Awarded? YES NO

College/University Name: _____

City: _____ State: _____

Years Completed: _____ Course(s) Studied: _____

Did you graduate? YES NO Degree/Diploma Awarded? YES NO

Graduate School/University Name: _____

City: _____ State: _____

Years Completed: _____ Course(s) Studied: _____

Did you graduate? YES NO Degree/Diploma Awarded? YES NO

Skills and Qualifications | Licenses, Certifications, Training

Check all childcare classes or in-service programs you have attended and their expiration date (mm/yy):

____ CPR: Expiration Date: ____/____

____ Child Abuse Prevention: Expiration Date: ____/____

____ First Aid: Expiration Date: ____/____

____ Communicable Diseases: Expiration Date: ____/____

List any information not mentioned elsewhere that relates to the position(s) for which you are applying: _____

Military Service

Have you served in the U.S. Armed Forces? _____

____ YES ____ NO

If "yes," what branch? _____ Dates of Service: _____ to _____

Describe any training received relevant to the position for which you are applying: _____

Employment History

Please list the names of your present or previous employers in chronological order with present or last employer first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

(1) Current/Most Recent Employer: _____

Supervisor: _____ Phone and/or Email: _____

Dates Employed: _____ to _____ Position: _____

Ending Salary: _____ Date of Last Increase: _____

Description of Job Duties: _____

Reason For Leaving: _____

(2) Previous Employer: _____

Supervisor: _____ Phone and/or Email: _____

Dates Employed: _____ to _____ Position: _____

Ending Salary: _____ Date of Last Increase: _____

Description of Job Duties: _____

Reason For Leaving: _____

(3) Previous Employer: _____

Supervisor: _____ Phone and/or Email: _____

Dates Employed: _____ to _____ Position: _____

Ending Salary: _____ Date of Last Increase: _____

Description of Job Duties: _____

Reason For Leaving: _____

[Add additional page if necessary]

Professional References

(1) Name: _____ Years Acquainted: _____

Home Phone: _____ Cell Phone: _____

Email: _____

(2) Name: _____ Years Acquainted: _____

Home Phone: _____ Cell Phone: _____

Email: _____

(3) Name: _____ Years Acquainted: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Acknowledgement

Please read carefully. If you have any questions regarding this statement, please discuss with the Company before initialing each section and signing.

At Will Employment - I acknowledge that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice, warning or cause at the discretion of the Company. I understand that no representative of the Company, other than the President, has the authority to change the terms of an at will employment and that any such change can occur only in a written employment contract signed by both the President of the company and me. _____(Initial)

Authorization - I authorize the Company to obtain information about me from my previous employers, schools and credit sources. I authorize my previous employers, schools that I have attended and credit sources to disclose to the Company such information about me as the Company may request. If the Company decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize the Company to do so. If a report is obtained, the Company 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. _____(Initial)

Accuracy - The information provided in this Application for employment is true, correct and complete. I understand that if I am hired, any misstatement or omission of fact on this application may result in my immediate dismissal. _____(Initial)

Pre-Placement Requirements - I understand that if I am hired the Company will require me to undergo a pre-placement physical, criminal background check and drug screen test by medical staff and/or agent selected by the Company. I understand that medical examinations and drug screens (random, accidents, and just cause), which are job related and consistent with the Company's business necessity may be required of me once I am employed. _____(Initial)

Consideration - This application will be considered for a maximum of thirty (30) days, by the Company. If I wish to be considered for employment after that time I must re-apply. _____(Initial)

Applicant Signature: _____ Date: _____