

TODDLER TIME
CHILD DEVELOPMENT CENTER
603 Hansen Avenue
Portsmouth, VA 23701
(757) 397-1974

EMPLOYMENT APPLICATION

POSITION APPLYING FOR :

EXPECTED HOURLY WAGE

START DATE

APPLICATION DATE

APPLICANT PERSONAL INFORMATION

FULL NAME

DATE OF BIRTH

ADDRESS

EMAIL ADDRESS

HOME PHONE

CELL PHONE

SOCIAL SECURITY #

ID / DRIVERS LICENSE

Are you a US Citizen? Yes No

Are you at least 16 years of ages? Yes No

Do you have a current CPR and/or First Aid Certification? Yes No
If Yes, Expiration Dates : _____

Have you ever been convicted of a felony? Yes No
If Yes, Explain : _____

Are you a high school graduate or G.E.D. recipient? Yes No

If hired are you able to perform the essential tasks required for the position, including lifting bending, sitting, standing and meeting the physical and emotional demands of children? Yes No

HIGH SCHOOL EDUCATION

HIGH SCHOOL

LOCATION (CITY, STATE)

FROM _____ TO _____

GRADUATE? Yes No

COLLEGE EDUCATION

COLLEGE

LOCATION (CITY, STATE)

FROM _____ TO _____

GRADUATE? Yes No

DEGREE

TECHNICAL SCHOOL EDUCATION

HIGH SCHOOL

LOCATION (CITY, STATE)

[Grey input box for High School]

[Grey input box for Location (City, State)]

FROM _____ TO _____

GRADUATE? Yes No

DEGREE / CERTIFICATE

[Grey input box for Degree / Certificate]

Any Certificates, courses, Experience, etc. dealing with Child Development? Yes No

Explain: _____

REFERENCE INFORMATION [Please list three references, not related to you .]

NAME

RELATIONSHIP

[Grey input box for Name]

[Grey input box for Relationship]

COMPANY

PHONE

[Grey input box for Company]

[Grey input box for Phone]

ADDRESS

[Grey input box for Address]

Person Contacted

Date Contacted

Signature of Caller

Results

[Grey input box for Person Contacted]

[Grey input box for Date Contacted]

[Grey input box for Signature of Caller]

[Grey input box for Results]

REFERENCE INFORMATION #2

NAME

RELATIONSHIP

COMPANY

PHONE

ADDRESS

Person Contacted

Date Contacted

Signature of Caller

Results

REFERENCE INFORMATION #3

NAME

RELATIONSHIP

COMPANY

PHONE

ADDRESS

Person Contacted

Date Contacted

Signature of Caller

Results

WORK HISTORY

[Start with the most recent employer first.]

Employer's Name _____ Phone _____

From _____ To _____ Supervisor _____

Job Title _____ Start, End Pay _____

Duties _____

Reason for Leaving _____

May we contact this Employer? Yes No

WORK HISTORY #2

Employer's Name _____ Phone _____

From _____ To _____ Supervisor _____

Job Title _____ Start, End Pay _____

Duties _____

Reason for Leaving _____

May we contact this Employer? Yes No

WORK HISTORY #3

Employer's Name _____ Phone _____

From _____ To _____ Supervisor _____

Job Title _____ Start, End Pay _____

Duties _____

Reason for Leaving _____

May we contact this Employer? Yes No

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I hereby authorize Toddler Time Child Development Center to receive any employment history information pertaining to me which may be in the files at my former place of employment. I hereby authorize Toddler Time Child Development Center to receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Date Hired _____ Termination Date _____ Emergency Contact _____
