

Application for Employment

Lord's Lambs Child Care Center

20844 Bonanza Blvd, Elkhorn, NE 68022



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position applying for

Date of Application

Last Name

First Name

Middle Name

Address

City

State

Zip

Telephone Number(s)

E-mail address (print clearly)

Best time to contact you _____ am / pm

If you are under 18 years of age, can you provide required proof of your eligibility to work?

___ Yes ___ No

Do you have any relatives or friends who work here? ___ No ___ Yes Name _____

Are you currently employed? ___ Yes ___ No May we contact your current employer? ___ Yes ___ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___ Yes ___ No

Have you ever been convicted of breaking a law other than a minor traffic violation?

___ No ___ Yes (If yes, give date and explain fully. Use additional piece of paper if needed.)

Date available to begin employment ____/____/____ What is your desired hourly wage?_____

When are you available to work? (check those that apply) ____Part time ____Full time

What hours between 6:00 am and 6:00 pm are you available to work? _____

What days are you available to work? (circle) Monday Tuesday Wednesday Thursday Friday

Education

High School and Address	Grade Completed	Diploma/Degree Earned
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Undergraduate College and Address	Course of Study	Degree Earned
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Graduate Professional and Address	Course of Study	Degree Earned
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Work Experience

Current or Previous Employer	Address
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Job Title	Supervisor's Name
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Date Employed (mo/yr)	Starting hourly wage	Ending hourly wage
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Reason for leaving	Last date of Employment
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Did you work ____Full time ____Part time If part time, how many hours a week?_____

Duties_____

Work Experience

Current or Previous Employer

Address

Job Title

Supervisor's Name

Date Employed (mo/yr)

Starting hourly wage

Ending hourly wage

Reason for leaving

Last date of Employment

Did you work ___Full time ___Part time If part time, how many hours a week?_____

Duties_____

Work Experience

Current or Previous Employer

Address

Job Title

Supervisor's Name

Date Employed (mo/yr)

Starting hourly wage

Ending hourly wage

Reason for leaving

Last date of Employment

Did you work ___Full time ___Part time If part time, how many hours a week?_____

Duties_____

Volunteer Experiences (Please provide information regarding any volunteer experience that might be beneficial to an early childhood education center.

References (List at least two but no more than three who we may contact as a reference. Include phone numbers, how you know them, and for how long you have known them.

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I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work; I authorize educational institutions, association, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations, of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant

Date