Dr. Day Care Family

• Be You Coaching & Counseling • Child Care Consultants & Facilities Management •
• Dr. Day Care's Child Development Centers • It's My Party •
• Therapeutic Child Care Services • Kids Klub •

APPLICATION FOR EMPLOYMENT

Today's Date:_____

Personal:

Name: _____
First Middle Last

Address: _____
Street City State Zip

Mailing address: _____
(if different from above) Street City State Zip

Home Phone Number:_____ Mobile Number:_____

E-mail address:_____ Referred by:_____

Is a relative employed here?: Yes No If yes, name:_____

In case of an emergency who may we contact?_____
Name / Phone Number

Interest:

Position applying for:_____

Available hours: Full time Part time Hours available: _____

Desired Rate Of Pay:_____ Have you previously been employed by us?_____
Years

Dr. Day Care Family has programs located in the following areas. Please circle the location(s) you are willing to work.

Home Office Cumberland Foster Lincoln North Smithfield North Providence Pawtucket Smithfield Woonsocket

Why do you want to work in the child care profession?_____

_____

_____

Date you can begin employment:_____

Education:

	Name & Location Of School	Years Attended	Date Graduated	Major Course of Study
High School				
College				
Other				

Must present copy of diploma or transcript for all educational degrees for high school and beyond

General subjects of special study or reference work: _____
What other language do you fluently speak/read other than English?_____

Employment:

Please list former employers starting with the most recent:

Employer Name & Address	Dates of Employment	Telephone Number *Very Important*	Position	Salary	Reason for Leaving

May we contact you current employer? Yes No

Federal Background Check:

Have you ever been convicted of a felony?_____ In what year?_____

All employees must pass a background check which includes fingerprinting, CANTS, and reference checks. Is there anything on your criminal record which may appear on your background check? Yes No

If yes, please explain_____

_____

_____

Professional References:

Below please list the names of three people who know you on a professional level.

Reference Name	Address Address, City, State, Zip	Telephone Number *Very Important*	Years Known	Relationship

Legal:

Are you a U.S. citizen? Yes No

If no, do you have a legal right and the necessary documents to work in the U.S.? Yes No

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time without any previous notice.

Dr. Day Care Family does not discriminate on the basis of race, color, sex, religion, national origin, ancestry, age, disability, or marital status. Dr. Day Care Family is an equal opportunity employer and your response to any questions will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking. (The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

EMPLOYMENT OR CONTINUATION OF EMPLOYMENT IS CONTINGENT UPON THE CLEARANCE OF CANTS, FINGERPRINTS AND OTHER BACKGROUND CHECK INFORMATION. IF, AT ANY POINT OF EMPLOYMENT, AN EMPLOYEE CAN NOT BE CLEARED BY CANTS OR THE BACKGROUND CHECK THE EMPLOYEE MAY BE SUSPENDED OR TERMINATED IMMEDIATELY WITHOUT PAY UNTIL PROOF OF CLEARANCE IS RECEIVED.

_____ _____

Signature of Applicant Today's Date