



APPLICANT INFORMATION

Last Name				First				M.I.	Date	
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Date Available				Social Security No.				Desired Salary		
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

EDUCATION

High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES

*Please list three **professional** references.*

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
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.	
Signature	Date

The Kiddie Corral Child Learning Center, LLC is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

LIST ANY SPECIALIZED TRAININGS (EX: FIRST AID, CPR, CDA CLASSES, ETC)	
Type of Training	Date(s)
Certificate Earned?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Type of Training	Date(s)
Certificate Earned?	YES <input type="checkbox"/> NO <input type="checkbox"/>

VOLUNTEER EXPERIENCE- IF APPLICABLE	
Organization	From To
Duties performed	
Reference Name and Number	

DESIRED AGE GROUP		DESIRED POSITION	
<input type="checkbox"/> Infants(0-18months)	<input type="checkbox"/> Preschool (Threes)	<input type="checkbox"/> Head teacher	<input type="checkbox"/> Management Support
<input type="checkbox"/> Toddlers 18-30months	<input type="checkbox"/> PreK (Fours)	<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Substitute
<input type="checkbox"/> Twos (30-36months)	<input type="checkbox"/> Kindergarten/School Age	<input type="checkbox"/> Teacher's Aide	

What qualities or skills do you possess that would make you an asset to The Kiddie Corral Child Learning Center?

What do you feel should be the goal of an early childhood program?

How do you think children learn best?

How would you establish and build a partnership with the parents of the children in your care?
