

Blossom Child Care Centers

Application for employment

Blossom Child Care Centers is an Equal Opportunity Employer; dedicated to a policy of non-discrimination on any basis including race, creed, color, sex, religion, national origin or physical challenge.

Personal Information

Date: _____ **Email:** _____

Name
_____ last _____ first _____ middle _____

Address _____ **City** _____ **Zip** _____

Phone Number _____ **S.S. #** _____

Date of birth _____ **Referred by** _____

Emergency Contact: _____

Employment Desired

Position _____ **Date you** _____ **Salary** _____
Desired: _____ **can start:** _____ **Desired:** _____

Are you currently employed? _____ **Have you applied to our company before?** _____

Educational Information

Education	Name & location	Years attended	Did you graduate?	Subject studied
High School				n/a
College or Technical School				
CCP/CDA				

Drivers License or State Issued I.D. Number: _____

Have you previously been fingerprinted for child care employment? _____

Do you have a First Aid/CPR card? _____ **Expiration:** _____

Do you have a Food Handlers Permit? _____ **Expiration:** _____

Have you taken Entry Level Child Care Training? _____ **Date of training:** _____

This application made at which location? _____ **1 / 2 / 3 / 4 / 5 / 6**

Interview Date: _____

Starting Wage \$ _____

Do you have or have you ever had any of the following?

Y	N	Ailment	Y	N	Ailment
		Defective Hearing or Sight			Heart Condition
		Mental/Emotional Disorder			High Blood Pressure
		Dizziness			Rheumatism/Arthritis
		Hernia			Seizures
		Back Trouble			Tuberculosis

Employment History (list most recent first)

Month/Year	Employer Name/Address; Supervisor:	Salary	Position	Reason for leaving
From: To:				
From: To:				
From: To:				

Have you ever been arrested/convicted of a felony? Yes No

Have you ever made a claim or been paid for any injury under Workmen's Compensation? Yes No

References (persons not related to you)

Name	Address	Phone Number	Years acquainted

I hereby authorize and request any and all of my former employers and any other person, firm, or corporation to furnish any and all information concerning my personal background and I hereby release such employer, other person, firm or corporation from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, an investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends, or associates or others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report. I understand that upon my request, I have the right to know if any such report was requested and if so, the name and address of the reporting agency that furnished such reports and that upon request I may receive a copy of such report from the reporting agency.

*I understand that \$53.00 for the state-required background check will be deducted from my final paycheck, if I have worked less than six months.

I understand that, if employed, any misrepresentation or omission of facts in this application is cause for dismissal and that my employment is for no definite period of time and I may, regardless of the date of payment of my wages and salary, be terminated at any time without cause.

Signed _____

Date _____

Interview Date: _____

Starting Wage \$ _____