



Position Applying For \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Application for Employment

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Salary Requirements \_\_\_\_\_

Have you ever worked for this company before? Y N If yes, When? \_\_\_\_\_ Date available to start? \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired: Full time Part time Temporary Seasonal

Email: \_\_\_\_\_@\_\_\_\_\_.com

### Education History

Name and Location of High School \_\_\_\_\_ Did you graduate? Y N

If yes, provide copy of Diploma

If no, provide copy of GED

Name and Location of College \_\_\_\_\_ Did you graduate? Y N

If yes, provide copy of Degree,

Course of Study \_\_\_\_\_ Certificates, and/or Credentials

### Employment History (Please List Child Care Only)

(Begin with most recent position)

Dates of Employment From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Starting Salary and Title \_\_\_\_\_

Ending Salary and Title \_\_\_\_\_

May we contact this employer for a reference? Y N

**Employment History Continued Please List Child Care Only**

**(Begin with most recent position)**

**Dates of Employment** From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

**Facility Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Starting Salary and Title** \_\_\_\_\_

**Ending Salary and Title** \_\_\_\_\_

**May we contact this employer for a reference?** Y N

**Dates of Employment** From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

**Facility Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Starting Salary and Title** \_\_\_\_\_

**Ending Salary and Title** \_\_\_\_\_

**May we contact this employer for a reference?** Y N

For office personnel only. Interviewer \_\_\_\_\_ Date of interview \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School Diploma \_\_\_\_\_ GED \_\_\_\_\_ Degree (Associate, Bachelor, Master) \_\_\_\_\_ Certificate \_\_\_\_\_ Credential \_\_\_\_\_

Current First Aid/CPR \_\_\_\_\_ Years Experience in Licensed Facility in South Carolina \_\_\_\_\_ Appearance \_\_\_\_\_ out of 10

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the employers listed above to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release the company from all liability from any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_