



## Employment Application

Thank you for your interest in The Cradle Club. We are sincerely interested in your qualifications and ask that you answer all questions on this application to the best of your ability. All applicants having direct contact with children must pass a DHS background study check.

### Applicant Information

All aspects of application are required to be considered for a position with The Cradle Club.

First Name

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Middle Name

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Last Name

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Today's Date: \_\_\_\_\_ Position applying for \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Are you legally eligible for employment in the USA? Yes \_\_\_ No \_\_\_ Rate of expected pay \$ \_\_\_\_\_

What method of transportation will you use to get to work? \_\_\_\_\_

Would you work Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ If Part-time, Circle desired days: M T W Th. F

Specify hours for part-time \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

## Education

**High School** \_\_\_\_\_  
Name and Address

Last Year Completed \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ List Diploma or Degree \_\_\_\_\_

**College** \_\_\_\_\_  
Name and Address

Last Year Completed \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ List Diploma or Degree \_\_\_\_\_

**Other (Specify)** \_\_\_\_\_  
Name and Address

Last Year Completed \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ List Diploma or Degree \_\_\_\_\_

## Employment History (Beginning with most recent work history.)

Name and Address of Company \_\_\_\_\_

Type of Business \_\_\_\_\_ Date employed from \_\_\_\_\_ to \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Address of Company \_\_\_\_\_

Type of Business \_\_\_\_\_ Date employed from \_\_\_\_\_ to \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number \_\_\_\_\_

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Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

### Personal References

Name and Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name and Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name and Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### Child Care Experience

Have you worked in a child care center before? \_\_\_\_\_

If yes, with what age group? \_\_\_\_\_

What age group do you want to work with? \_\_\_\_\_

Would you be willing to work with all age groups, if needed? \_\_\_\_\_

Why do you enjoy working with children? \_\_\_\_\_

\_\_\_\_\_

What qualities can you bring to The Cradle Club? \_\_\_\_\_

\_\_\_\_\_

Are you currently certified in first aid? If Yes, Date Certified \_\_\_\_\_ No \_\_\_\_\_

Are you currently certified in infant/child CPR? If Yes, Date Certified \_\_\_\_\_ No \_\_\_\_\_

Have you had SIDS/Shaken Baby training If Yes, Date trained \_\_\_\_\_ No \_\_\_\_\_

**Terms of Agreement**

Please read and sign below:

1. Prior to employment, teachers and assistant teachers must submit documentation verifying their qualifications for the position.
2. All employees are required by DHS (MN State regulatory agency) to complete in-service training on an annual basis.
3. All employees are subject to full background studies, conducted by DHS. You will need to complete a Background Study Application if you are offered a position of employment with The Cradle Club. If you do not satisfactorily pass the background study you will not be able to maintain employment with The Cradle Club
4. **Minnesota is an “employment-at-will” state. If hired I understand that The Cradle Club may terminate my employment at any time, without notice, and for any or no reason, except an illegal reason.**

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I agree to work the hours, days and shifts as needed. I will work in another area or classification, if requested to do so, and will abide by the rules and regulations of the center.

\_\_\_\_\_

Applicant’s Signature

Date (M/D/Y)

\_\_\_\_\_

Do not write below this line

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks: