

Applicant Information

Full Name: _____ Date _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit#

 City State Zip Code

Phone: _____ Cell Phone: _____

Date Available: _____ Social Security No.: _____

Employment Desired: _____ Full-time _____ Part-time _____ On-call

Position Applied for: _____ Hourly rate desired: \$ _____

Hours available: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

CDA: Yes No

CPR Cert: _____ First Aid Cert. _____ Comm. Disease _____ Child Abuse _____

References

Please list three professional references, **not related to you.**

Name	Address/Company	Phone	Relationship
1.			
2.			
3.			

Thank you for choosing Loving Kindness Education & Learning Center (LKELC) in your career path. LKE&LC is an Equal Opportunity Employer. Applicants must show they understand and are able to meet the requirements below. Please initial each item below.

- _____ High School Diploma or G.E.D
- _____ United States Citizen, or legally authorized to work in the United States
- _____ Will provide social security card and Birth Certificate
- _____ Will submit to drug and alcohol testing as required
- _____ Will complete an FBI/BCI criminal background check
- _____ Physically able to safely supervise young children and perform necessary job duties
- _____ Will maintain professional appearance and conduct at-all-times
- _____ Will attend to all mandatory meetings
- _____ Will complete all trainings and maintain all hours for professional development

Previous Employment

(List your most recent first)

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 No

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 No

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 No

Offenses- Criminal back ground checks will be conducted on all applicants

Have you ever pled guilty, no contest or been convicted of any criminal offense? If yes, explain:

Has a report of child maltreatment ever been made against you? If yes, explain:

Has a court ever denied parental, custodial, or visitation rights as a result of neglect or abuse of a child? If yes, explain:

While employed in a childcare program, have you ever been the subject of disciplinary action or been responsible for a child care facility receiving an administrative or disciplinary action? If yes, explain:

Please answer the following questions:

1. What are your career goals and objectives?

2. Why should Loving Kindness hire you?

3. Define Professional Conduct, How, does it apply to a child care program?

4. Define Customer Service, and how it relates to a child care program?

5. Describe your position on guidance as it relates to 3-year old children arguing over a toy,

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

I hereby certify that all information contained in this application is true and correct. I understand that any misrepresentation, falsification, or consequential omission of information may render this application void, or if employed may result in immediate termination. I further consent and agree to submit to any job related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests. I authorize the individuals and institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

Signature of Applicant

Printed Name

Date

Office Use Only:

Date Submitted:	Time:	Position:
Director Proceed + or -		Date Hired:
Interview:		

Ohio Department of Job and Family Services
EMPLOYEE MEDICAL STATEMENT FOR CHILD CARE

The physical examination and completion of this form must occur no more than 12 months prior to the first day of employment.

Name of Employee	
Home Address	
City, State, Zip	
First Day of Employment	
To be completed by the Health Care Provider*	
My signature below certifies that I examined the above-named person who is found to be:	
<input type="checkbox"/> Physically fit for employment in a facility caring for children	
<input type="checkbox"/> Immunized against Tetanus/Diphtheria/Pertussis (Tdap)	
<input type="checkbox"/> Immunized against Measles, Mumps and Rubella (MMR) <i>(Except that for a person born on or before December 31, 1956, a history of mumps or measles disease may be substituted for the vaccine. A history of rubella disease shall not be substituted for rubella vaccine. Only a laboratory test demonstrating detectable rubella antibodies shall be accepted in lieu of rubella vaccine).</i>	
<i>**This section must be completed if the employee is applying to be an administrator, child care staff member or employee of a child care center.</i>	
<input type="checkbox"/> **Screened for Tuberculosis (TB)	
<ul style="list-style-type: none"> • <i>Has the employee resided in a country identified by the world health organization (WHO) as having a high burden of tuberculosis (TB)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No • <i>Has the employee arrived in the United States within the five years immediately preceding the date of application for employment?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Employment Application Date: _____	
If the answers to both questions above are yes, the individual is required to be tested for TB.	
TB Test Date: _____ TB Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
Name of Health Care Provider* <i>(Please Print)</i>	
Street Address	
City, State, Zip	Phone Number
Signature of Health Care Provider*	Date of Examination

*This form may be signed by a licensed physician, physician's assistant, advanced practice registered nurse, certified nurse midwife or certified nurse practitioner.