

Application For Employment

Here We Grow Learning Center

5206 Anton Dr

Fitchburg WI 53719

PERSONAL INFORMATION

Applicant's Name _____ Today's Date _____

Social Security # _____

Current Address _____

Home Phone # _____ Cell Phone # _____

Are you at least 18 years old? ____ Yes ____ No

Are you legally able to work in the US? ____ Yes ____ No

Are you able to perform the job for which you are applying with or without accommodations?

____ Yes ____ No

EMPLOYMENT DESIRED

Position Applying For _____

Are you currently employed? Yes or No Date Available to Start _____

Are you available to work ____ Full time ____ Part time

Have you worked outside of WI in the last 3 years? Yes or No

What hours are you available to work? _____ (between 6:30 am - 6:00 pm)

Are your hours flexible? ____ Yes ____ No

How did you hear about our center? _____

Have you ever applied at Here We Grow Learning Center before? ____ Yes ____ No

If yes, date? _____

EDUCATION

	Name and Location	# of Years Attended	Did You Graduate?	Area of Study/Degree
High School				
Trade/Tech School				
College				

Please list below any special skills that you have that are relevant to the Child Care field:

Please list below any certifications you currently hold in the field of Child Care:

Please check all that apply:

____ Currently on The Registry

____ Currently CPR and First Aid certified (If so, date expires: _____)

____ Trained in SIDS risk reduction

____ Trained in SBS

CURRENT AND FORMER EMPLOYERS (Please list below last 3 employers, most recent first)

May we contact you present employer? Yes or No May we contact previous employment? Yes or No

	Name and Address of Employer	Dates : month/year	Position Held	Primary Responsibilities	Wages Earned (hourly)	Reason For Leaving	Supervisor Name And Phone Number
1		From: To:					Name: Number:
2		From: To:					Name: Number:
3		From: To:					Name: Number:

Which of these jobs did you like best? _____

What did you like most about this job? _____

What contributions could you bring to our program? _____

What age group do you like working with the most? _____

List three things you feel are most important regarding the day to day operation in a classroom.

1.) _____

2.) _____

3.) _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Working Relationship	Phone #	Years Acquainted

In case of an emergency, please notify:

1. Name: _____ Relation: _____

Phone: _____

2. Name: _____ Relation: _____

Phone: _____

Signature and Understanding of At-Will Employment:

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that if employed, I am required to adhere to all policies and procedures of Chapter HFS 46 Licensing Rules for Group Child Care Centers.

I further understand that my employment and compensation is terminable at-will. There is no definite period and my employment and compensation may be terminated by the company (employer) at any time and for any reason whatsoever, with or without cause at the option of either the company or myself.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____