

# A Shining Star Learning Center

## APPLICATION FOR EMPLOYMENT

*Please Print*

### General Information

Date: \_\_\_/\_\_\_/\_\_\_

(Last Name) (First Name) (Middle Initial)  
(Address) (City) (State) (Zip Code)  
(Home Phone) (Cell Phone) (Email Address)

### Employment Information

Are you at least 18 years old?  Yes  No Date Available to Start Work: \_\_\_\_\_  
Position Applying For: \_\_\_\_\_ Age Group Preferred: \_\_\_\_\_  
Number of Hours per Week Desired: \_\_\_\_\_ Anticipated Salary: \_\_\_\_\_  
Days and Hours of Availability: \_\_\_\_\_

What do you feel most qualifies you for this position? \_\_\_\_\_  
What are your professional goals? \_\_\_\_\_  
Have you ever been employed by A Shining Star Learning Center before?  Yes  No  
If yes, dates of employment: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
How did you hear about A Shining Star Learning Center? \_\_\_\_\_

### Experience

List below all present and past employment beginning with your most present. *People listed may be contacted by A Shining Star Learning Center.*

1. \_\_\_\_\_  
(Company Name) (Position Held) (Name of Supervisor)  
\_\_\_\_\_  
(Address/Phone Number) (Dates Employed)  
\_\_\_\_\_  
(Reason for Leaving) (Starting Salary) (Ending Salary)

2. \_\_\_\_\_  
(Company Name) (Position Held) (Name of Supervisor)  
\_\_\_\_\_  
(Address/Phone Number) (Dates Employed)  
\_\_\_\_\_  
(Reason for Leaving) (Starting Salary) (Ending Salary)

3. \_\_\_\_\_  
(Company Name) (Position Held) (Name of Supervisor)  
\_\_\_\_\_  
(Address/Phone Number) (Dates Employed)  
\_\_\_\_\_  
(Reason for Leaving) (Starting Salary) (Ending Salary)

A Shining Star Learning Center takes affirmative action to comply with all applicable laws of local, state and federal governments regarding employment practices which prohibits discrimination in employment based on race, religion, color, sex, age, national origin, disability, or other characteristics protected by the law.

## Education

School	Name and Address of School	Major	Last Year Completed	Diploma or Degree
High School				
College				
Other				

## References

List business or professional references, no relatives or friends. *People listed may be contacted by A Shining Star Learning Center.*

1. \_\_\_\_\_  
(Name) (Relationship)  
\_\_\_\_\_  
(Address/City/State) (Phone Number)

2. \_\_\_\_\_  
(Name) (Relationship)  
\_\_\_\_\_  
(Address/City/State) (Phone Number)

3. \_\_\_\_\_  
(Name) (Relationship)  
\_\_\_\_\_  
(Address/City/State) (Phone Number)

## Employment Conditions

Have you ever been convicted of a felony, criminal offense, or disorderly persons offense?  Yes  No  
If yes, please state the nature of the offense, where the offense occurred, the date, and the sentence imposed:

Have you ever been discharged or forced to resign from a position?  Yes  No

A position in a child care center may be physically and emotionally demanding. The demands include various things, such as the need to lift and carry children on a regular basis and the need to react quickly to any emergency situation. Are you able to fulfill these and other functions of the job, with or without reasonable accommodation?  Yes  No

Although such conditions are not a bar to employment, an accurate response is important for your safety, as well as that of other individuals at the work place. It may be necessary for A Shining Star Learning Center to determine whether a reasonable accommodation can be made.

I hereby certify that all of the facts and information listed on this application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application may result in rejection of this application or termination of employment.

Drug and alcohol testing is required of all applicants at A Shining Star Learning Center. I will be required to complete a separate release form and the offer of employment is contingent on passing these tests.

I hereby release A Shining Star Learning Center from any and all liability of every kind and description incurred by virtue of conducting an investigation into my personal history, background, or character traits, including the matters set forth in confidential employment background questionnaires.

My signature signifies that I have read and agree to the foregoing.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)