



Impact Learning Center Employment Application

Instructions: All information on this application must be truthful and correct. Falsification or misrepresentation on the application is cause for immediate dismissal (termination of employment).

Personal Information

Name: _____ Date: ___/___/_____

Address: _____ County: _____

E-Mail Address: _____

Phone Number: (_____) _____ Citizenship: ___USA _____Other

D.O.B.: ___/___/_____ Social security Number: _____--____--_____

Position for which you are applying: _____

Emergency Contact Information

Name: _____ Relationship to you: _____

Home Address: _____

Phone Number(s): (_____) _____ and (_____) _____

Please answer the following DCF Required Questions

1. Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home? _____ Yes _____No

2. While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action? _____ Yes _____No

If yes, please explain: _____

Education

School (starting with High School)	City	Dates Attended	Major or Field of Study	Degree, Diploma, or Certification Earned

Certification/Licensure

License or Certificate (Director's Credential, CDA, Driver's License, etc.)	State Issued	Date Issued	Date Expiring	Certificate or License Number

Have you ever applied for or been employed by this center before? _____ Yes _____ No

I certify that I am a U.S. citizen, permanent resident, or foreign national with authorization to work in the United States. _____ Yes _____ No

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony or a first degree misdemeanor? _____ Yes _____ No

If yes, please explain: _____

Is there anything in your background that could call into question your ability to work with children? _____

References *(list at least 2 people that are not related to you, but familiar with your work)*

Name	City/ State	Phone(s)	Occupation

Employment History *(please list a minimum of all employers with in the last five years)*

Employer: _____ Address: _____

Supervisor: _____ Phone Number: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From (month/year): _____ To (month/year): _____ Hours Per Week: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Supervisor: _____ Phone Number: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From (month/year): _____ To (month/year): _____ Hours Per Week: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Address: _____

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