



Little Lights Learning Center

123 S. Doughty-Rockport, TX 78382

EMPLOYMENT APPLICATION

Date _____

Personal Information:

Name _____

Address _____

Phone #'s (home) _____ (cell) _____

Are you at least 18 years of age? _____

Driver's License # _____ State _____

Social Security # _____

Desired Position _____ Desired Salary _____

Desired Hours _____ Full Time/Part Time _____

Preferred Age Group _____

Date available to work _____

Have you ever been convicted of crime? Yes No If yes, please explain: _____

Have you ever applied at Little Lights? Yes No If yes, please give date: _____

Have you ever been employed at Little Lights? Yes No If yes, please give date: _____

Education:

Name & location of High School _____

Graduated/GED Year _____

Name & location of college _____

Graduation Date _____

Type of Diploma/Degree _____

Major/Minor field of study _____

Employment History:

Are you presently employed? Yes No

May we contact you present employer, if no please explain why: _____

Please list past employment (most recent first)

Position _____ Reason for Leaving _____

Business Name _____

Address _____

How long _____ Hourly Pay Rate _____

Contact Person/Title _____ Phone # _____

Position _____ Reason for Leaving _____

Business Name _____

Address _____

How long _____ Hourly Pay Rate _____

Contact Person/Title _____ Phone # _____

Position _____ Reason for Leaving _____
Business Name _____
Address _____
How long _____ Hourly Pay Rate _____
Contact Person/Title _____ Phone # _____

What qualifications do you have , that would benefit the desired position?
(CPR Certification, First Aid Certification, Child Development Training, etc.)

What do you like about working with children?

Is there any other information that you would like us to know?

List three business references (Not related) that we may call to find out about your work habits

Name	Phone #
1. _____	_____
2. _____	_____
3. _____	_____

List two character references that we may call to find out about you

Name	Phone#
1. _____	_____
2. _____	_____

By completing this application, you give permission for the child care director to contact your references, verify your past work history, conduct a criminal background check, and contact your previous employers to determine your suitability in working in the child care center. By signing this application, you affirm that the information is true to the best of your knowledge. You also agree to release the center for any liabilities that result from the verification. I understand that false misleading information given on my application or interview may result in termination regardless when the information is discovered false or misleading. Thank you.

Signature _____

Date _____