



Little Hands, Inc.

Application for Employment

Little Hands, Inc. is an equal opportunity employer. This company is dedicated to providing a work environment free of discrimination, including but not limited to: race, color, creed, religion, age, sex, national origin, marital, or military status. Solicited information is used to assess the applicant's abilities to perform the required job duties and responsibilities.

Date of Application: _____ / _____ / _____ Position Applied For _____

Full Legal Name: _____ (First) _____ (Middle) _____ (Last) _____ (Maiden if applicable)

Nickname (if any): _____ Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone Number: _____ Cell Phone Number: _____

Expected Hourly Compensation: _____ Age Group Preference: _____

On what date would you be available to begin work? _____

Please list Hours/Days you cannot work: _____

Have you ever been convicted of a crime related to the duties and the responsibilities of this position? If yes please explain:

Special training or job related training received and dates completed: (including CPR, First Aid, Early Childhood Courses, etc.)

Please provide the following information for three (3) references that are not related and are not previous employers:

Name	Address / Phone Numbers	Job Title and Company Name	Length of acquaintance

Education: Please attach college transcripts to application if a copy is accessible, if not available immediately, turn in at a later date.

College	Location	Dates	Major/Degree
High School	Location	Dates	Program/Degree

Employment History (*please list **most** recent **first***):

Employer: _____ Address: _____

Supervisor: _____ Phone: _____

Position: _____ Dates of Employment: _____

Duties: _____

Employer: _____ Address: _____

Supervisor: _____ Phone: _____

Position: _____ Dates of Employment: _____

Duties: _____

Employer: _____ Address: _____

Supervisor: _____ Phone: _____

Position: _____ Dates of Employment: _____

Duties: _____

Employer: _____ Address: _____

Supervisor: _____ Phone: _____

Position: _____ Dates of Employment: _____

Duties: _____

Authorization Release:

I hereby certify that the above information is true, accurate, and complete, to the best of my knowledge. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of Little Hands, which reserves the right to accept or reject it. The signature below is also giving Little Hands, Inc. permission to perform a KBI check as required by State Licensing. I further agree that I give my permission for the childcare program to check my work related references by contacting my previous work sites. I understand these questions will be about my work experiences, skills performed and work ethic.

Signature: _____ Date: _____ / _____ / _____

General Questions: (Feel free to attach an additional paper to answer these following questions.)

Use three (3) words to describe your personality:

What importance do they play in teaching young children?

What is your personal philosophy of a childcare program?

What makes a successful childcare program?

What are your special skills, talents, and abilities that you bring to this program?