

Are you Group Leader qualified? _____ Are you Director qualified? _____

Age group preference: 1 year ____ 2 years ____ 3 years ____ 4 years ____ 5 years ____

PROFESSIONAL EXPERIENCE

List all of the positions you have held for six months or longer, beginning with your most recent. Feel free to add additional pages.

Dates	Employer	Address	Phone Number
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Position

Responsibilities

Ages of children	Group size	Hours per week
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Dates	Employer	Address	Phone Number
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Position

Responsibilities

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Position

Responsibilities

Ages of children	Group size	Hours per week
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Please complete the following questions in your own handwriting and limit your response to the space provided.

1. What interests you most about this position?

2. What do you feel qualifies you for this position?

3. What do you believe is one or two of the more important roles of this particular position for which you are applying.

REFERENCES

Please provide three non-family references.

Name	Phone Number	Address	Relationship
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Name	Phone Number	Address	Relationship
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LEGAL INFORMATION

Have you ever been dismissed or resigned from employment as a result of or arising from an allegation of sexual misconduct or harassment involving a person under the age of 18 years at the time when the alleged act occurred?

Yes _____ No _____

Have you ever been found guilty or entered a guilty plea of a crime? (Do not include minor traffic offenses unless alcohol related).

Yes _____ No _____

If you answered yes to either of the above questions, please provide complete details stating the date, charge, place and action taken, result of charges.

I certify that the information in this employment application and the required forms is true and complete to the best of my knowledge and understand that an omission or falsification of any information in this application will result in refusal of employment or immediate discharge from employment.

I also understand that employment is contingent upon investigation of any or all statements contained in this application and authorize the release of any information from persons named in this application.

In the event I am to be employed by the Little Blessings Program, I agree to abide by all its applicable policies, procedures, rules and regulations.

Signature

Date

For Office Use:

Date Received:

Interview Date:

References Received:

Offer Extended:

FBI Check

CO Check

Start Date: