

CHILD CARE PROVIDER APPLICATION FOR EMPLOYMENT

21st Century Child Development and Learning Center

PERSONAL INFORMATION

Full Name (Last, First, Middle): _____

Social Security No.: _____

Address (Street): _____

City, State, Zip Code: _____

Phone No.: _____

Position Applied For: _____

GENERAL BACKGROUND

Have you ever been fired from a previous employer? Yes No

If yes, give the nature of the employer and the reason for dismissal:

Date graduated from high school/GED: _____

EDUCATION & ADDITIONAL TRAINING

Education Background (List diplomas, degrees, and certificates):

Title of Diploma	School/Institution	Complete Address	Date

Additional Training (Workshops, conferences, and course work):

Title of Diploma	Place	Date	Hours Credited

EXPERIENCE

Employment History (List most recent job first):

Place	Position Job	Dates	Reason for Leaving

Other Experience with Young Children (Up to age 9):

Place and Date	Purpose/Job	Contact Person

REFERENCES

List 3 non-relative references, including former employers:

Name/Title & Business	Address	Phone Nos.	How long known

DECLARATIONS

- A. Have you ever been under investigation for neglect or abuse of children or for any sexual offense (excluding any charges that were fully cleared)? Yes No
- B. Have you ever been convicted of a felony including any involving a suspended sentence? Yes No
- C. Have you ever been convicted of or pled guilty to any offense involving the manufacture, sale, distribution, or possession of an illegal substance? Yes No
- D. If you answered Yes to A, B, or C, describe the offense, where it occurred, and when:

Physical Limitations: Provide information regarding physical limitations that may limit your ability to perform certain functions of the job for which you are applying:

LEGAL AUTHORIZATION & SIGNATURE

TCA § 71-3-529 & § 71-3-533: It is unlawful to falsify any information on this application. Applicants agree to the release of all investigative records and submit to a criminal history records check by the Tennessee Bureau of Investigation.

By signing this form, I affirm that the above statements are true and factual to the best of my knowledge. I grant permission for all agencies listed to be contacted for pre-employment screening. I acknowledge that all job applicants will undergo testing for substance abuse, and a positive test will result in denial of employment.

Applicant's Signature: _____ **Date:** _____
