

Building Blocks Child Care Center
805 SE Klemgard
Pullman, WA 99163
(509) 332-0161

.....

EMPLOYMENT APPLICATION

Today's Date: _____

PERSONAL INFORMATION

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip _____

EMPLOYMENT DESIRED

Position: _____ Date you can start work: _____

Minimum acceptable salary: _____ Are you currently employed? _____

If so, may we inquire of your present employer? _____

What prompted you to apply here? Advertisement Own accord Referred Employee referral

EDUCATION

	Name and Location of School	# of years attended	Year Completed	Subjects Studied
High School				
College				
Graduate School				

Are you planning to further your education: No Yes When _____

Other special training courses _____

PREVIOUS EMPLOYMENT (List below your last four employers, starting with the most recent)

DATE (month and year)	Name & Phone Number of Employer and Supervisor	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

Which of these jobs did you like best? _____

What did you like most about this job? _____

List any special talents or hobbies: _____

What organizations do you belong to (Educational or Professional): _____

What age group do you enjoy working with most? _____

On which of the following do you have current training?

___ CPR ___ First Aid ___ Food Handlers Permit

___ HIV Training Have you had a current TB test? _____

What contributions could you bring to our program? _____

REFEERENCES

Give the names of three persons not related to you, whom you have known at least one year.

PROFESSIONAL REFERENCES

Name	Phone	Years Acquainted

PERSONAL REFERENCES

Name	Phone	Years Acquainted

In case of emergency notify: _____
Name Phone

Have you ever been convicted of a crime or felony? No Yes: _____
Do you object to being fingerprinted? No Yes

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it’s president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for and specific period of time, or to make any agreement contrary to the foregoing.

Date _____ Signature _____

