

# APPLICATION FOR EMPLOYMENT

## Learn and Grow Childcare Center

Thank you for your interest in and application for employment with Learn and Grow Childcare Center. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, disability, disabled veterans, or veterans of the Vietnam era. We seek applicants for employment who are dedicated, hardworking, and seek fulfilling employment. In return, Learn and Grow Childcare Center offers competitive income, an excellent working environment, and the opportunity to grow with the company. If you are selected for employment with Learn and Grow Childcare Center, you will also be hired by Merit Resources, Inc. as your co-employer for whom you will become a co-employee. Child Care Junction is your employer for the purposes of managing the day-to-day operations of the company and the employees. This includes responsibility for the worksite(s), scheduling of work, safety, and the direction of the individual employees in their positions. Merit Resources is the co-employer for managing and taking responsibility for the administrative portion of employment such as benefits, payroll, and worker compensation insurance. This co-employment association creates a better work environment, better benefits, and more opportunities for employees and their families.

### GENERAL INFORMATION: (Please print legibly with ink or type)

LAST NAME: FIRST NAME: MIDDLE INITIAL: SOCIAL SECURITY NUMBER:

HOME ADDRESS: (Street, P.O. Box, Apt. #) CITY, TOWN, STATE: ZIP CODE:

HOME PHONE NUMBER: (area code) ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? (check)  YES  NO

HAVE YOU EVER BEEN EXCLUDED FROM FEDERAL HEALTH CARE PROGRAMS BY THE INSPECTOR GENERAL OF THE DEPT. OF HEALTH AND HUMAN SERVICES?  YES  NO  
HAVE YOU EVER BEEN CONVICTED OF A SERIOUS MISDEMEANOR OR FELONY CRIME?  YES  NO IF YES, WHAT AND WHERE? \_\_\_\_\_

### EMPLOYMENT DESIRED:

POSITION FOR WHICH APPLICATION IS BEING MADE: (Be Specific) I AM AVAILABLE TO WORK (Check All Applicable)

FULL TIME  PART TIME  TEMPORARY  WEEKDAYS  WEEKENDS  MORNINGS  AFTERNOONS  EVENINGS  NIGHTS

DATE AVAILABLE: EXPECTED COMPENSATION: ARE YOU AT LEAST 18 YEARS OLD?  YES  NO

### EDUCATION: (High School, College, Trade Schools, and Other Education)

HIGHEST LEVEL OF EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: DID YOU GRADUATE?  YES  NO 1 2 3 4

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

SECOND HIGHEST LEVEL OF EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: DID YOU GRADUATE?  YES  NO 1 2 3 4

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

THIRD HIGHEST LEVEL OF EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: DID YOU GRADUATE?  YES  NO 1 2 3 4

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

OTHER EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: DID YOU GRADUATE?  YES  NO 1 2 3 4

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

### EMPLOYMENT HISTORY: (List Most Recent First, Then Back. Include Any Military Service)

1. EMPLOYER NAME: DATES OF EMPLOYMENT: JOB TITLE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

EMPLOYER ADDRESS: (Street, P.O. Box) City, Town State Zip Code PHONE NUMBER:

STARTING COMPENSATION: ENDING COMPENSATION: SUPERVISOR'S NAME: REASON FOR LEAVING:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

2. EMPLOYER NAME: DATES OF EMPLOYMENT: JOB TITLE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

EMPLOYER ADDRESS: (Street, P.O. Box) City, Town State Zip Code PHONE NUMBER:

STARTING COMPENSATION: ENDING COMPENSATION: SUPERVISOR'S NAME: REASON FOR LEAVING:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

3. EMPLOYER NAME: DATES OF EMPLOYMENT: JOB TITLE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

EMPLOYER ADDRESS: (Street, P.O. Box) City, Town State Zip Code PHONE NUMBER:

STARTING COMPENSATION: ENDING COMPENSATION: SUPERVISOR'S NAME: REASON FOR LEAVING:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

**REFERENCES:** (List Two Employment References (Persons) Not Related To You, Whom You Have Known For At Least One Year)

NAME ADDRESS PHONE YEARS ACQUAINTED 1.

2.

**PLEASE READ THE FOLLOWING STATEMENTS, ASK ANY QUESTIONS, AND SIGN BELOW**

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, and other documents, or verbally obtained during an employment interview. I voluntarily consent to allow Learn and Grow Childcare Center, or any of their representatives or agents to check my references by contacting any persons, company, or governmental entity they deem to be an appropriate reference. I understand the reference questions may pertain to my personal or educational background, work experience, character, and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment if discovered at a later date. I pledge, if hired, to comply with the guidelines of conduct and company policies and procedures of Learn and Grow Childcare Center. I also realize that company policies, procedures, practices, or statements made during an interview or employment do not create an employment contract by implication or otherwise. I further understand and agree that my employment is for no definite period and may, regardless of time and manner be terminated by the company or myself with or without cause or previous notice. I understand that employment may be subject to satisfactory completion of a physical examination or drug screening by company physicians.

I understand that if hired, I'm entering into a co-employment relationship whereas Learn and Grow Childcare Center is my worksite and is my administrative employer. I further agree that I will not be eligible for other benefits (if any) offered to other non-co-employees of Learn and Grow Childcare Center now or in the future.

This application will be kept in a current file for thirty days. If not contacted during that period, it may be necessary to complete another application to receive further employment consideration.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

