



## APPLICANT INFORMATION

Last Name			First			M.I.	DOB		
Street Address						Apartment/Unit #			
City				State			ZIP		
Phone				E-mail Address					
Date Available			Social Security No.			Desired Salary			
Position Applied for									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever pled guilty, no contest or been convicted of any criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Have you ever been the subject of an indictment, arrest or a criminal complaint?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Do you have a current National Career Readiness Certificate (NCRC)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiration Date:						

## EDUCATION

HIGH SCHOOL:		CITY, STATE:							
From	To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College	City, State			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
From	To		Degree:						
College	City, State			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
From	To		Degree:						

## REFERENCES

**Please list three professional references.** References can include previous supervisor, coworkers or instructors (do not list friends or family), we must be able to contact them within 24 hours.

Full Name			Relationship		
Company			Phone		
Address			City, State, Zip		
Full Name			Relationship		
Company			Phone		
Address			City, State, Zip		
Full Name			Relationship		
Company			Phone		
Address			City, State, Zip		



PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

I, \_\_\_\_\_, hereby authorize Little Tigers Learning Center to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Little Tigers Learning Center may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Thank you for choosing Little Tigers Learning Center in your career path. We are dedicated to hiring top professionals who are energetic, motivated, and possess integrity, and love to work with young children. Applicants must show they understand and are able to meet the following Requirements for Employment by initialing each item below.

**Requirements for Employment (Please initial if applicable to You)**

- \_\_\_\_ Applicant is a High School Graduate, has G.E.D or is actively enrolled in high school classes.
- \_\_\_\_ Applicant is able to provide a copy of their state issued ID card and SS Card or birth certificate.
- \_\_\_\_ Applicant is able to write and speak fluent English.
- \_\_\_\_ Applicant is at least 16 years or older.
- \_\_\_\_ Applicant has United States Citizenship, or is legally authorized to work in the United States.
- \_\_\_\_ Applicant is able to sit on the floor and in the children's chairs often.
- \_\_\_\_ Applicant is physically able to get up and down from floor activities.
- \_\_\_\_ Applicant is physically able to lift children up to 50 pounds.
- \_\_\_\_ Applicant will maintain a professional appearance and conduct.
- \_\_\_\_ Applicant has the ability to meet all job requirements, which might vary.
- \_\_\_\_ Applicant is not listed on any child or adult abuse registry.
- \_\_\_\_ Applicant is able to submit and pass Random Drug Tests at any time before and during employment.
- \_\_\_\_ Applicant will respect the child care center as a drug free, tobacco-free environment.

**Willing to work: (mark days available)**

Monday      Tuesday      Wednesday      Thursday      Friday

What hours are you available to work? \_\_\_\_\_

What age groups do you prefer to work with? \_\_\_\_\_

Do you have any experience working with people with disabilities? YES      NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you have experience working with children with behavior disorders or challenging behaviors? YES      NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you ever participated in the Child Care Food Program (CACFP)? YES      NO

What are your career goals and objectives? \_\_\_\_\_  
\_\_\_\_\_

What was your attendance record at your previous jobs? \_\_\_\_\_  
\_\_\_\_\_



What are your special talents, hobbies, interests? \_\_\_\_\_

\_\_\_\_\_

**Educational License, Certifications & Training (Must provide copy of all certification)**

Professional License: Type: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

College Course Work Completed (College Credits): \_\_\_\_\_

\_\_\_\_\_

Have you ever operated or worked for a child care program that participates in the Iowa Quality Rating System (QRS)?

YES NO

CPR Certification: YES NO , Expiration Date: \_\_\_\_\_

First Aid Certification: YES NO , Expiration Date: \_\_\_\_\_

Mandatory Child Abuse Reporter Certificate: YES NO , Expiration Date: \_\_\_\_\_

Universal Precautions Training: YES NO , Class Date: \_\_\_\_\_

Child Development Associate: YES NO , Expiration Date: \_\_\_\_\_

CDA setting, age-level endorsement, and specialization: \_\_\_\_\_

Foodservice Certification: YES NO , Expiration Date: \_\_\_\_\_

List other skills (office, clerical, achievements and training other fields):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I hereby affirm that I have responded to all inquiries on this form fully and frankly, and all the information contained in my application is true and correct. I understand that any misrepresentation or falsification on any of Little Tigers Learning Center Application forms or documents may result in possible termination, or if the problem comes to light after hire, it can result in immediate dismissal from employment. I further consent and agree to submit to any job related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests.

Signature

Date