You will need to download this file and open it in Adobe Reader (not in your web browser) to be able to email the completed form.

Loving ArmsTM Child Care and Preschool EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

	(PLEASE I	PRINT)		
Position Applied for:		Date of Appli	cation:	
How Did You Learn About Us?				
□ Advertisement □ Friend	□ Walk-In			
☐ Employment Agency ☐ Relative	□ Other			
Last Name	First Name		Middle Name	
Address		City	State	Zip Code
Telephone Number(s)			Email	
Are you currently employed?	☐ Yes ☐ N	-	NO	
May we contact your present em				
Are you legally authorized to wo				. 11
Will you now or in the future requi	re sponsorship	o for employme	nt visa status (i.e. H	-1b
visa status)? Yes No				
On what date would you be avail	able to work?	?		
Are you available to work: Temporary	☐ Full Tin	ne 🛮 Part Tii	me 🗖 Shift Worl	α □
Are you currently on "layoff" sta	itus and subje	ct to recall?	Yes No	
Can you travel if a job requires in	t?□ Yes □ N	No		
Have you ever been convicted of	f a crime?	□ Yes □	l No	
Conviction will not necessa		fy an applican	t from employme	nt.

Are you willing to provide fingerprints and consents, in writing, to disclosure of							
information co	oncerning	any prior crimin	al arres	ts, charges and/	or con	victions	?
□ Yes □ No							
under immedia	ate considerate The	law, we conduct deration for emple e relevancy of a essed.	loymen	t. A criminal r	ecord	is not ar	automatic
		ED	UCAT	ION			
		Name and ress of School	Cor	urse of Study		ears	Diploma Degree
Elementary School							
High School							
Undergraduate College							
Graduate Professional							
Other (Specify)							
Indicate any forei	gn languag	ges you speak, read,	and/or	write			
		Fluent		Well			Fair
Speak							
Read							
Write							
Describe any specialized training, apprenticeship, skills or extra-curricular activities, that will contribute to your success in the position in which you are applying:							
,		1		7 11	<u>, , , , , , , , , , , , , , , , , , , </u>		

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include volunteer and military activities. You may exclude organizations that indicate race, color, religion, national origin or ancestry, sex, age (40+), disability, veteran status, or any other legally protected status under local, state, or federal law.

Employer	Dates Employed From To		Work Performed	
Job Title				
Address	Ho Rate/	urly Salary		
	Starting	Final		
Telephone Number(s)				
Reason for Leaving				
Employer	Dates E From	mployed To	Work Performed	
Job Title				
Address	Hourly Rate/Salary			
	Starting	Final		
Telephone Number(s)				
Reason for Leaving				
Employer	Dates E From	mployed To	Work Performed	
Job Title				
Address	Hourly Rate/Salary Starting Final			
Telephone Number(s)				
Reason for Leaving	·			

How many years, cumulative, have you worked with children?_____

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

	or civic activities and offices held						
You may exclude memberships that would reveal race, color, religion, national origin or ancestry, sex, age (40+),							
isability, veteran status, or any other legally protected status under local, state, or federal law:							
	s and qualifications acquired from en	nploym	ent or other				
n yo	u are applying for.						
•							
eck	Skills/Equipment Operated						
	1 1						
	Fax Machine	ery (list):	Other (list):				
г	Microsoft Office	• ,	` ,				
	Phone System						
	<u> </u>						
	Dropbox						
atic	n you feel may be helpful to us in c	onsider	ring vour				
au	n you reel may be neight to us in e	onside	ing your				

REFERENCES:

Provide the names and telephone numbers of three references. Two references must be familiar with your employment ability, their job title, and the third reference must be a personal reference.

1.	Name Address:			() Phone #)	
2.	Name Address:			() Phone #)	
3.	Name Address:			() Phone #	<u> </u>	
	WE ARE AN A	T-WILL, EQU	JAL OPPOR	TUNIT	Y EMPLOYER	
	FOR :	PERSONNEL D	DEPARTMEN	T USE (ONLY	
Posit	tion(s) Applied For Is Open:	□ Yes □ No)			
Posit	tion(s) Considered For:				Date	
NOT	Γ ES :					

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
I understand that this application for employment shall be considered active for a period of time not to exceed 180 days and that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.
I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT
RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT-WILL" NATURE, WHICH
MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY
DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER
UNDERSTOOD THAT THIS "AT-WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED
BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY
ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or a refusal to hire. I understand, also, that I am required to abide by all rules and policies of the employer.
Signature of Applicant
Signature of Applicant Date

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

FOR PERSONNEL DEPARTMENT USE ONLY					
Arrange Interv	view 🗆 Y	es 🗆 No			
INTERVIEV	VER		DATE		_
Employed	□ Yes □	No	Date of Employment		
Job Title		Hourly Rate/ Salary	Department		
By					
	NAME AND	ΓITLE		DATE	