

Calvary Lutheran Learning Center Application for Employment

Name: _____ Date: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Social Security No: _____

Are you 18 years of age or older? Yes No

In case of emergency call _____ Relationship _____

Address: _____ Phone _____

Education

Completion of High School Yes No Diploma GED

Years completed: 9 10 11 12 Completion date _____

High School Attended _____

Completion of CDA Yes _____ renewal year? No

If not, where are you at in the CDA process? _____

College: _____ Dates attended: _____

College: _____ Dates attended: _____

College: _____ Dates attended: _____

Business or Technical School _____

Degrees or Certificates: _____

Completed teaching practicum? Yes No

_____ ECE _____ Elementary _____ other

Completed hours of state required hours of observation in age group applying for?

Yes No

Worked in another childcare facility? Yes No If so: _____

Name: _____ Supervisor: _____

Address: _____

Phone: _____ Start date _____ End date _____

Position applied for: _____

Full-time _____ Hours needed _____ Days you cannot work _____

Part-time _____ Hours needed _____ Days you cannot work _____

If applying for Two year old room: experience in a two year old room?

Start date _____ End Date _____

Employment References: (begin with most recent)

1. Name _____ Phone _____

Address _____ City _____

Supervisor _____ Start date _____ End date _____ Salary _____

Reason for leaving _____

May we contact your present employer at this time? yes no.

2. Name _____ Phone _____

Address _____ City _____

Supervisor _____ Start Date _____ End date _____ Salary _____

Reason for leaving: _____

May we contact your previous employer at this time? yes no.

3. Name _____ Phone _____

Address _____ City _____

Supervisor _____ Start Date _____ End date _____ Salary _____

Reason for leaving: _____

May we contact your previous employer at this time? yes no.

Have you completed the requirements of in-service classes as required by KDHE?

Hrs of in-service for current year _____

Illness yes no Abuse, Neglect and Head Trauma yes no

First Aid yes date completed _____ no

CPR yes, date completed _____ no Safe Sleep yes no

Would you be willing to complete these mandatory requirements of employment – KBI background check, a general physical by physician, drug screen and TB test? _____

Do you have any physical condition(s) which may limit your ability to perform the job applied for or limit your ability to perform other jobs? yes no If yes, please explain why and how it may affect your job performance _____

Are you able to pass a KBI background check/drug screening for employment with children?

yes no

Have you ever been convicted of a felony? yes no

If yes, explain. _____

Attach three letters of recommendation if available

List two references not including relatives.

1. Name _____ Phone _____

Address: _____ Occupation _____

2. Name _____ Phone _____

Address: _____ Occupation _____

3. Name _____ Phone _____

Address: _____ Occupation _____

I certify that my answers are true and complete to the best of my knowledge, I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to the inquires in connection with my application

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I do understand continued employment is also contingent on enrollment numbers.

Signature of Applicant _____ Date _____

Start date _____

Please email completed form to: cllctopekadirector@gmail.com