

**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 yr.  no if not, where are you at in the  
CDA process? \_\_\_\_\_

College: \_\_\_\_\_ Dates attended: \_\_\_\_\_

College: \_\_\_\_\_ Dates attended: \_\_\_\_\_

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Business or Technical School: \_\_\_\_\_

Degrees or Certificates: \_\_\_\_\_

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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:

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 \_\_\_\_\_

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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 \_\_\_\_\_

**Staff Work Agreement**  
**Preschool/Preschool Child Care**

On \_\_\_\_\_, (name) \_\_\_\_\_  
will become an employee of Calvary Lutheran Learning Center. He/She will hold the  
position of \_\_\_\_\_ working \_\_\_\_\_ to  
\_\_\_\_\_ daily at \_\_\_\_\_ hourly wage.

There will be a verbal evaluation with the Director within the first 30 days of employment, followed by a 90 day written evaluation. After that an annual written evaluation will be conducted. A copy of all written evaluations will be kept in the employee's file with only the director, assistant director and Calvary Lutheran Learning Center's Board of Directors having access to those evaluations. Utmost confidentiality will be strictly enforced.

I, the above employee, have received a copy of the Staff Policy Book, the Parent's Handbook and a copy of the State Board of Regulations. I do agree to abide by these rules and regulations and follow the tasks and responsibilities of my job description.

\_\_\_ yes, I have read and understand the Staff Policy Book, the Parents Handbook and the State of Kansas Regulations for Child Care Centers. If I have any questions concerning any of these books I will feel free to go to my director and/or assistant director about my concerns for clarifications. Date completed \_\_\_\_\_.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Director \_\_\_\_\_

Date \_\_\_\_\_

**Staff Work Agreement**  
**Before/After School Care Personnel**

On \_\_\_\_\_, (name) \_\_\_\_\_  
will become an employee of Calvary Lutheran Learning Center. He/She will hold the  
position of \_\_\_\_\_ working \_\_\_\_\_ to  
\_\_\_\_\_ daily when public school is in session and \_\_\_\_\_ to  
\_\_\_\_\_ on days the school is closed at \_\_\_\_\_ hourly wage.

There will be a verbal evaluation with the Director within the first 30 days of employment, followed by a 90 day written evaluation. After that an annual written evaluation will be conducted. A copy of all written evaluations will be kept in the employee's file with only the director, assistant director and Calvary Lutheran Learning Center's Board of Directors having access to those evaluations. Utmost confidentiality will be strictly enforced.

I, the above employee, have received a copy of the Staff Policy Book, the Parent's Handbook and a copy of the State Board of Regulations. I do agree to abide by these rules and regulations and follow the tasks and responsibilities of my job description.

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Signed \_\_\_\_\_

Date \_\_\_\_\_

Director \_\_\_\_\_

Date \_\_\_\_\_