

BASIC beginnings



Early Learning Center

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HTTP://www.basicbeginningsinc.com

APPLICATION FOR EMPLOYMENT

NAME _____
ADDRESS _____
E-MAIL _____
POSITION SOUGHT _____

ARE YOU 18 OR OLDER? Y N
ARE YOU 21 OR OLDER? Y N
PHONE _____
ALT. PHONE _____

EDUCATIONAL BACKGROUND (Please attach transcripts and/or resume)

HIGH SCHOOL _____
LOCATION _____

LAST YEAR COMPLETED 1 2 3 4
DID YOU GRADUATE? _____
YEAR OF GRADUATION OR GED _____

COLLEGE _____
LOCATION _____

LAST YEAR COMPLETED 1 2 3 4
DEGREE EARNED _____
YEAR OF GRADUATION _____
FIELD OF STUDY _____

COLLEGE _____
LOCATION _____

LAST YEAR COMPLETED 1 2 3 4
DEGREE EARNED _____
YEAR OF GRADUATION _____
FIELD OF STUDY _____

OTHER (please specify) _____
LOCATION _____

LAST YEAR COMPLETED 1 2 3 4
DEGREE OR CERTIFICATE EARNED _____
YEAR OF COMPLETION _____
FIELD OF STUDY _____

ADDITIONAL TRAINING (workshops, seminars, technical studies) _____

CHILDCARE EXPERIENCE _____

OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD QUALIFY YOU TO WORK AT BASIC BEGINNNINGS _____

Do you prefer FULL TIME or PART TIME (circle one)? If part-time, specify days and hours available
MON _____ TUES _____ WED _____
THUR _____ FRI _____

What date will you be available for work? _____

Are you interested in substituting for regular staff who may be ill or on vacation? _____

PERSONAL REFERENCES

Name _____ Occupation _____
 Address _____ Daytime phone _____
 Alt. Phone _____

Name _____ Occupation _____
 Address _____ Daytime phone _____
 Alt. Phone _____

Name _____ Occupation _____
 Address _____ Daytime phone _____
 Alt. Phone _____

WORK HISTORY (Please list beginning with most recent employment)

Employer _____ Position held _____
 Address _____
 Phone _____ or _____ Supervisor _____ May we contact? _____
 Dates employed from _____ to _____ Reason for leaving _____
 Description of responsibilities _____

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 Address _____
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 Address _____
 Phone _____ or _____ Supervisor _____ May we contact? _____
 Dates employed from _____ to _____ Reason for leaving _____
 Description of responsibilities _____

State law requires our employees to obtain an annual TB test, the results of which must be kept on file at the school. Are you willing to comply with this requirement? If no, please explain. _____

Is there a particular age group of child that you would prefer? (circle one or more) INFANTS TODDLERS PRESCHOOL GRADE SCHOOL
 Why? _____

Have you ever been convicted of a felony? If yes, please explain. _____

Have you ever been accused and substantiated or convicted of child abuse or neglect? If yes, please explain. _____

State law requires all childcare employees to submit to a background check. Are you willing to comply with this requirement? If no, please explain. _____

Are you willing to participate in occasional after-hours programs sponsored by the school? _____

The facts and information set forth in this application are true and correct. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal.

SIGNATURE _____ DATE _____