

# SAMMAMISH

CHILDREN'S SCHOOL

NURTURING CHILDREN & ENRICHING FAMILIES

## Employment Application

### Personal Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Today's Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Position desired: \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Have you ever applied for employment with us?  Yes  No If yes, what month and year? \_\_\_\_\_, \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No Are you available for full-time work?  Yes  No

If no, what shift hours or days are you available? \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_ Pay expected \$ \_\_\_\_\_ Hourly / Monthly

### Employment Experience:

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Employer	E-Mail	
	Address	Start Date	End Date
	Job Title and Responsibilities	Starting Salary	Final Salary
		Reason for Leaving	
Name, Title of Supervisor, Phone Number	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No		

2	Employer	E-Mail	
	Address	Start Date	End Date
	Job Title and Responsibilities	Starting Salary	Final Salary
		Reason for Leaving	
Name, Title of Supervisor, Phone Number	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No		

3	Employer	E-Mail	
	Address	Start Date	End Date
	Job Title and Responsibilities	Starting Salary	Final Salary
		Reason for Leaving	
Name, Title of Supervisor, Phone Number	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No		

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### Education:

	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate	Degree or Diploma
<b>Graduate</b>				<input type="radio"/> Yes <input type="radio"/> No	
<b>College</b>				<input type="radio"/> Yes <input type="radio"/> No	
<b>Business Trade or Technical</b>				<input type="radio"/> Yes <input type="radio"/> No	
<b>High School</b>				<input type="radio"/> Yes <input type="radio"/> No	

### Training:

All Newport Children's Schools, Inc. locations are licensed by the State of Washington.

To be eligible to work in a daycare center, all employees must meet the State of Washington regulations.

Are you at least 18 years of age?	<input type="radio"/> Yes <input type="radio"/> No	Do you have current First Aid training?	<input type="radio"/> Yes <input type="radio"/> No
Do you have current Infant/Child CPR training?	<input type="radio"/> Yes <input type="radio"/> No	Have you had HIV/Aids training?	<input type="radio"/> Yes <input type="radio"/> No
Are you registered with Merit?	<input type="radio"/> Yes <input type="radio"/> No	Have you had a recent TB test?	<input type="radio"/> Yes <input type="radio"/> No
If yes, how many hours of training do you have? _____		Do you have a current PBC? (Portable Background Check)	<input type="radio"/> Yes <input type="radio"/> No

Please list below any special skills, training or education that you may feel is relevant to employment with us:

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### References:

Identify four individuals whom you have known in a professional capacity for at least one year. Please do not include family members.

Name	Relationship to You	Years Known	Telephone Number and E-Mail

#### AGREEMENT: Please read the following statements carefully:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may be considered justification for dismissal if discovered at a later date.

I understand that the first 90 days of my employment will be considered a probationary period and that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the director or owner of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature \_\_\_\_\_ Date \_\_\_\_\_