## Cuddlebugs Child Development Center, LLC Employment Application

Position Applied For:	Dat	e Available:		
Full or Part Time:	Des	sired Salary:		
Personal:				
Name: (Last, First Middle)	_			
Email	Home Phone	Cell 1	Phone	
Mailing Address:		I		
911 Address:				
Are you 18 years or older? Yes \	10 If no, p	ease state age:		
Do you have any medical condition(s) which m which you are applying? Yes N [f so, please explain:		illing the responsi	bilities of the	e position for
Have you ever been convicted of a felony, bar complaint? Yes No [f yes, please explain:	rrier Crime, or subject	of a founded Ch	nild Protectiv	'e Service
Employment requires Criminal Background Cl	learances. Is this acc	eptable to you?	Yes	No
In case of emergency, please notify:				
Name:	Relation	nship:		
Address:(Street, City, State, Zip)	Phone Nu	umber:		
DISCLOSURE: Before driving a vehicle to a moving traffic violation that occurred five y				
Signature		Date	_	

## Education and Training: 1. Name and location of high school: Highest grade completed:\_\_\_\_\_ Date of graduation or GED:\_\_\_\_\_ 2. Name and location of College/University: Dates attended: Number of years completed: Degree(s) earned:\_\_\_\_ 3. Additional training or certification that would be helpful in evaluating your application: Experience: Begin with the current or most recent employment (including military experience). Use additional paper if necessary. Position: Dates: From Τo Employer: Full Time Part Time Address: Phone: Job Duties: Reason for Leaving:

	Şalary:	May we contact your present employer	? Yes	Νo	
2.	Position:	Dates: From	T	)	
	Employer:		Full Time	or	Part Time
	Address:		Phone:		
	Job Duties:	Reason for Leaving	<b>;</b> :		
	Immediate Supervisor:	Phone:			
	Şalary:	May we contact your present employer	? Yes	Νo	

Phone:

Immediate Supervisor:

Salary:

3.	Position:		Dates: F	rom	To	)	
Ī	Employer:		<u>'</u>	F	ull Time	or	Part Time
	Address:			Ph	one:		
Ī	Job Duties:		Reason for	r Leaving:			
İ	Immediate Supervisor:		Phone:				
	Şalary:	May we conta	Ct your present	employer?	Yes	Νo	
	Position:		Dates: F	rom	TO	)	
ŀ	Employer:			F	ull Time	or	Part Time
	Address:			Ph	one:		
-	Job Duties:		Reason for	r Leaving:			
-	Immediate Supervisor:		Phone:				
	Şalary:	May we conta	Ct your present	employer?	Yes	Νo	
-	se describe any volunteer work c	or Other exper	rience related	d to Child	Care:		
	Se describe any volunteer work of the control of th	or Other expen	rience related	d to Child	Care:		
 		or Other expen	Title:	d to child	Relation	nship:	
 	Ferences:	or Other expen		to Child  Work Pho	Relation		
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I understand that I will be required to submit written information to demonstrate that I possess the education, orientation training, staff development, certification, and experience required by the job position. I herby certify that the information given in this application is true and complete to the best of my knowledge. Signature Date Parent Signature (if applicant is under 18 years of age) Date Office Use Only Date of Interview: Date of Hire: Date of Separation: Position: Starting Salary: Ending Salary: Background Checks: Sworn Disclosure Fingerprint Check: CRS: Recd': Signed: Submitted: Recd': Sex Offender Registry: OOS CRS: Oos Criminal Check: Recd': Recd': Recd': Required Documentation:

Written information to verify education, certification, and

experience required by job position submitted:

Notes From Interview:

Orientation Completed:

TBT results submitted: