



Employment Application

Name:

First:	MI.	Last.
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Address:

	City:	State:	Zip:
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Phone/Cell Number(s) & Email:

Ph:	Email:
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Social Security Number:

Date of Birth:

What is your wage preference? _____ per hour.

What position are you applying for?

Will you need accommodations to complete the job task if hired? _____

What are the accommodations? _____

Special accommodations will require a doctors note

Are you Physically, Mentally, and Emotionally capable to deal with young children?
 (write either Yes or No) _____

Education:

School	Yrs Completed	Degree	Name of School	City & State of School	Did you graduate?

Employment History: (please list your last three employers)

Most Recent Employer	Address	City, State & Zip
Phone:	Employment Dates:	Ending Wage:
Job Duties	Reason for leaving	
Most Recent Employer	Address	City, State & Zip
Phone:	Employment Dates:	Ending Wage:
Job Duties	Reason for leaving	
Most Recent Employer	Address	City, State & Zip
Phone:	Employment Dates:	Ending Wage:
Job Duties	Reason for leaving	

*Journey Together Child Care will call this employer for employment reference.

Please List 2 professional references (previous employers required not coworkers).

Ref:	Ph:	Email:

- I certify that this information is true and correct. I further certify that all falsely provided information will lead to my termination of employment _____(initials)

Criminal Background Check Questionnaire

- Please indicate Y for yes or N for no and be as accurate as possible when answering questions.

Question	Y/N
1. Have you been discharged in the last three years from a branch of the U.S. Armed Forces, including any reserves duty?	
2. Do you currently reside or have you in the last five years resided outside of Wisconsin?	
3. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families, a county department, a private child placing agency, school board or tribe?	
4. Do you have any pending criminal charges or were you convicted of any crime? Include all offenses in federal, state, county, local, military and tribal courts.	
5. Were you ever adjudicated delinquent by a court of law or tribal court when you were aged 10 to 17 years old? Include all offenses in federal, state, county, local, military and tribal courts.	
6. Are you currently or have you ever been required to be registered on a national, state or tribal sex offender registry?	
7. Are you currently the subject of an investigation or has there ever been a finding against you for abuse, neglect or misappropriation (theft) of property of a child, adult or elderly person?	
8. Do you have a government issued credential or license that is not current or is limited so as to restrict you from providing care to clients?	

I understand that by providing my signature below I am attesting, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my not being eligible to hold a license or certificate to operate, reside at or be employed at a childcare center, and that I may be subject to forfeitures and other sanctions as provided by law.

I certify that all information that I provided in this application is accurate. I understand that at the time that falsification is noticed within my application will be grounds for termination of my employment.

I hereby authorize Journey Together Child Care to verify any information contained in this application and any information that I verbally share with Journey Together Child Care.

I authorize Journey Together Child Care to conduct and receive a copy of my background check that I will be responsible for obtaining prior to the start of employment.

I certify that I have carefully read and understood the above statements.

Applicant's Signature _____ Date _____

For Office use only

Hire Date: _____

Starting Date: _____

Probationary period: _____

Initial pay day: _____

Supervisor: _____

Comments: _____

SSN of employee: _____

Last Date of employment _____ Employee resigned or dismissed _____ Why? _____

Position offered? _____

Offer Date _____

If not offered a position; why?

