



DREAM

DEDICATING RESOURCES TO EXCEL ALL MINDS

Employment Application

APPLICANT INFORMATION:						DATE: _____	
Last Name		First		M.I.			
Street Address							
City				State			ZIP
Phone				E-mail Address			
Date of Birth			Social Security No.				Desired Salary
Position Applied for							
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?		YES	NO
Driver's License Number		Height	Weight	Hair Color		Eye Color	
Do you have record of child abuse or maltreatment?		YES	NO	If yes, explain			
Have you ever been convicted of a felony?		YES	NO	If yes, explain			
Do you have children under the age of 18 years old? ____ YES ____ NO							
EXPERIENCE							
APPLIES TO TEACHING POSITIONS ONLY							
Do you have any teaching experience? Yes No If yes, How many years?							
Do you have a license to teach in the state of Arkansas? Yes No							
Are you currently enrolled in a program to attain your license to teach? Yes No							

APPLIES TO ALL APPLICANTS

How many year's of experience do you have working in the field of childcare?

What type of childcare training courses have you taken that qualify you for this position?

Do you have any experience working in an afterschool program? Yes No

What age group of children do you have more experience working with?

____ Pre-School (Ages 3-5) ____ Elementary (K-5) ____ Middle School / High School (6-12)

Do you have any supervisory experience? Yes No If yes, how many years?

Are there any reasons that you would not be able to pass the following? Yes No

____ Criminal Background Check ____ FBI Check ____ Child Maltreatment Check

Do you have the ability to lift up to 15 lbs.? ____ Yes ____ No

EDUCATION

High School					Address				
From		To		Did you graduate?	YES	NO	Degree		
College					Address				
From		To		Did you graduate?	YES	NO	Degree		
CDA					Address				
From		To		Did you graduate?	YES	NO	Degree		
		Do you have a PDR#? _____							

REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			

PREVIOUS EMPLOYMENT

Company		Phone	()
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?	YES	NO	
Company		Phone	()
Address		Supervisor	

Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES	NO	
Company			Phone	()	
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES	NO	
DISCLAIMER AND SIGNATURE					
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.					
Signature				Date	