



2/9/2009 Revised

# Lexi's Lil' Lambs Childcare Center

3525 N. 147<sup>th</sup> St  
Omaha, Ne 68116  
Fax 402-505-9624

Desired Salary \$ \_\_\_\_\_

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last* *First* *M.I.*

Address: \_\_\_\_\_

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  Drug Screen will be required...

If yes, explain: \_\_\_\_\_

Will your child (ren) need care in this facility? \_\_\_\_\_ If so, what are the ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### Indicate your availability to work (Check the days and enter the hours):

\_\_\_\_\_ **Monday** from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ **Tuesday** from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ **Wednesday** from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ **Thursday** from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ **Friday** from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ **Saturday** from \_\_\_\_\_ to \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## 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

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Personal Information**

Do you have any physical impairment that might restrict you from performing the job function?

\_\_\_\_\_  
\_\_\_\_\_

Are you being treated for / or have you ever been treated for:

Drug Addiction: \_\_\_\_\_ Yes \_\_\_\_\_ No

Alcoholism: \_\_\_\_\_ Yes \_\_\_\_\_ No

Mental Illness: \_\_\_\_\_ Yes \_\_\_\_\_ No

Drug Screen:

A drug screen will be performed before employment will be received.

Are you currently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list all medications:

\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. By signing below, I authorize the employer to investigate all statements made by me on this application. I understand that misstatements or omissions of information in connection with my application for employment can lead to rejection of my application or dismissal from employment, whenever discovered. I authorize the employer to request information from my current or past employers. I understand that I must pass a health examination prior to my first day of employment. In addition, I understand that my employment is contingent upon completion of a background check.*

*I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the employer and myself or either employment or for the provision of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the employer unless expressly made in a written contract of employment signed by me and the employer. If I am hired, I understand that my employment would be "at will" which means that I or the employer have the right to terminate my employment at any time without notice. I also understand that a written 2 weeks notice is mandatory in order to receive my final pay check.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_