

# Little Angels Child Care Center

An Equal Opportunity Employer

## Application for Employment

It is our policy to employ personnel strictly on the basis of an individual's qualification. Selections are made without regard to race, sex, age, religion, national origin or sexual orientation.

To help us learn about your experiences, abilities and interests, please complete this Application for Employment as thoroughly as possible.

<b>PERSONAL DATA</b>		
Name	Social Security Number	Home Phone
Address – Street, City, State, Zip Code		
Position Desired	Date Available	Type of Employment Desired Full Time          Part Time
Have you ever been convicted of a crime Yes   No   (If yes please Explain)	Are you authorized to work in the USA Yes          No	Resident Alien Number if applicable

<b>EDUCATION</b>			
High School Attended	Year of Graduation		
College Attended	Year of Graduation	Course of Study	Degree
Graduate School Attended	Year of Graduation	Course of Study	Degree

<b>PROFESSIONAL CERTIFICATIONS</b>			
Type of Certificate	Date Achieved	Date Expires	Is it Valid in New York State Yes          No
Type of Certificate	Date Achieved	Date Expires	Is it Valid in New York State Yes          No

**EMPLOYMENT HISTORY – Please complete in detail starting with most recent employer.**

Current Employer	Phone Number	Supervisor's Name	May we contact this employer? Yes No
Position Title	Dates employed:	Starting Salary	Ending Salary
Position Responsibilities:			
Reason for Leaving:			
Previous Employer	Phone Number	Supervisor's Name	May we contact this employer? Yes No
Position Title	Dates employed:	Starting Salary	Ending Salary
Position Responsibilities:			
Reason for Leaving:			
Previous Employer	Phone Number	Supervisor's Name	May we contact this employer? Yes No
Position Title	Dates employed:	Starting Salary	Ending Salary
Position Responsibilities:			
Reason for Leaving:			
Previous Employer	Phone Number	Supervisor's Name	May we contact this employer? Yes No
Position Title	Dates employed:	Starting Salary	Ending Salary
Position Responsibilities:			
Reason for Leaving:			

### **ADDITIONAL EXPERIENCE**

Please list any additional experiences you feel bear upon your skills or professional development relevant to the position you are applying for:

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### **Language – If you speak, write, and/or read any other languages – indicate level of proficiency**

Languages	Speak			Read			Write		
	Slight	Fair	Fluent	Slight	Fair	Fluent	Slight	Fair	Fluent

### **REFERENCES**

**(Two must be professional in nature, one must provide a character reference and none can be relatives)**

Name	Phone Number	Occupation	Relationship to applicant

Please read the following statements carefully:

1. I hereby guarantee the correctness of the information shown on this application.
2. I understand that the foregoing is subject to verification and that the making of false statements can be cause for dismissal.
3. I understand and authorize LACCC to conduct a background investigation in connection with my application for employment. These reports will be used in connection with my application for employment and will be kept confidential.
4. I understand that nothing in this employment application is intended to create an employment contract between the company and me. I further understand that if an employment relationship is established, I have a right to terminate my employment at any time and that LACCC retains the right to terminate my employment at any time.
5. I understand that no promises regarding employment have been made to me and that no such promise or guarantee is binding upon the company unless it is made in writing and signed by a company officer.
6. It is the policy of this company to maintain a safe and healthy work environment and to maintain the integrity and security of our Center. The company therefore requires candidates for employment to pass a drug - screening test covering illegal substances and legal substances subject to abuse. This requires the candidate to submit a urine specimen and to sign a consent and release statement provided by the company. Refusal of any candidate to submit a urine specimen will result in the candidate's disqualification for further employment consideration.

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Signature of Applicant

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Date

**Little Angels Child Care Center**

**Drug Screening Acknowledgement,  
Consent and Release Form**

Little Angels has implemented a substance abuse testing program consistent with its policy to maintain a safe and healthy work environment and to maintain the integrity and security of our Center. Candidates for employment will be required to submit to a drug-screening test and to submit a urine sample.

This sample will be collected off-site in a private medical environment. All results will be reviewed by a Medical Review Officer.

The Medical Review Officer will disclose to Little Angels your fitness for the job. You will be given an opportunity to list all prescription drugs you have used. An explanation of the circumstances surrounding the use of these drugs will also be required.

By signing below you are:

1. Acknowledging that you agree to the testing requirements;
2. Consenting to the test a condition of employment;
3. Authorizing the testing laboratory to release the results of the tests to Little Angels; and
4. Releasing Little Angels from any and all claims, liabilities, and damages related to the administration of the test and the disclosure of the test results to Little Angels.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)



