

Algonac Childcare Program
9541 Phelps Rd.
Clay, MI 48001
(810) 794-8895

Date: _____

APPLICATION FOR EMPLOYMENT

This form must be filled out completely. Failure to do so may result in rejection. All information will be treated as confidential.

Please Print or Type:

1. Full Name: _____

2. Mailing Address: _____

3. Telephone: _____

4. Position Applying/Qualified For: _____

5. What salary do you expect to be paid? _____

6. EDUCATION:

A. State Highest Grade Level Completed: _____

B. List Degree/Certificate Earned and Date: _____

7. EMPLOYMENT RECORD: (last three positions)

A. Last Employer: _____

Your Position There: _____

Employment Dates: From: _____ To: _____

Employer's Address: _____

Employer's Phone: _____ Name of Supervisor: _____

Salary/Hourly Rate Last Paid: _____

Reason for Leaving: _____

B. Previous Employer: _____

Your Position There: _____

Employment Dates: From: _____ To: _____

Employer's Address: _____

Employer's Phone: _____ Name of Supervisor: _____

Salary/Hourly Rate Last Paid: _____

Reason for Leaving: _____

C. Previous Employer: _____

Your Position There: _____

Employment Dates: From: _____ To: _____

Employer's Address: _____

Employer's Phone: _____ Name of Supervisor: _____

Salary/Hourly Rate Last Paid: _____

Reason for Leaving: _____

8. **HEALTH:**

A. Is there any reason you may be unable to perform the position?

Yes ___ No ___ If yes, _____

B. Are you under medical care at this time? Yes ___ No ___ If yes, please explain:

C. Have you ever collected compensation for an accident or injury? Yes ___ No ___

If yes, give details, including dates _____

D. Have you been seriously ill in the last ten years, other than any incident mentioned above

Yes ___ No ___ If yes, explain _____

9. **PERSONAL:**

A. Have you ever been dismissed, asked to resign, or refused reemployment? Yes ___ No ___

If yes, explain _____

C. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

Yes ___ No ___ If yes, give details _____

C. Are you presently under arrest for a pending felony charge? Yes ___ No ___ If yes, give details:

D. Have you ever been named as a perpetrator in a substantiated child abuse or child neglect investigation?

Yes ___ No ___ If yes, give details _____

10. **PERSONAL REFERENCES** (List three persons to whom you are not related and/or by whom you have not been employed)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Names: _____ Address: _____ Phone: _____

I HEREBY AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. PERMISSION IS GIVEN TO CONTACT REFERENCES AND EMPLOYERS. I UNDERSTAND THAT THIS APPLICATION WILL BECOME PART OF MY PERMANENT FILE AND THAT ANY MISREPRESENTATION, MISLEADING OR UNTRUTHFUL STATEMENT OR OMISSION IS CAUSE FOR DISMISSAL.

Date

Signature of Applicant

On the attached page, please share with us your experience with children 0-12 years old and why we should hire you.

Date

Signature of Applicant

On the attached page, please share with us your experience with children 0-12 years old and why we should hire you.

