

Mater Dei Child Care Center
911 Clay Topeka, KS 66606-3706
785-232-1603
materdeiccc@materdeischool.org
www.materdeichildcare.org

POSITION APPLIED FOR: _____ DATE AVAILABLE: _____

If you have a resume, we would appreciate a copy of it with this completed application.

APPLICATION DATE: _____

NAME: _____
(Last) (First) (Middle)

Present Address: _____
(No) (Street) (City) (ST) (Zip)

Previous Address: _____
(No) (Street) (City) (ST) (Zip)

Phone Number: _____

E-mail Address: _____

What age groups are you most interested in?

- _____ Young Toddlers (12 months to 18 months)
- _____ Older Toddlers (18 months to 2 ½ years)
- _____ 2 ½ -3 ½ years (Preschool)
- _____ 3 ½ to 4 ½ years (Preschool)
- _____ Pre- Kindergarten
- _____ School Day Out / Summer Camp for School aged

Are you certified in CPR and First Aid? _____

Would you be willing to continue your education by attending training programs that may be recommended or required? _____ YES _____ NO

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE	LIST DIPLOMA/DEGREE
HIGH			YES _____	
			NO _____	
COLLEGE			YES _____	
			NO _____	
OTHER			YES _____	
			NO _____	

Other courses completed: _____

List any experiences, which demonstrates your ability to perform the job for which you have applied for: _____

Honors/ Accomplishments: _____

Hobbies/ Special Interests: _____

Special Skills: _____

Membership in professional, Civic, or other organizations: (Please omit the names of organizations which may reveal your race, religion, ancestry/gender, or national origin):

WORK REFERENCES (2 NEEDED)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.)		()
2.)		()
		()
		()

PREVIOUS EMPLOYMENT HISTORY

Begin with present or most recent employer and account for all periods of unemployment

Name/Address	From/ To	Position Title	Base Salary
	Month- Year/ Month- Year		Beginning- per year \$
	- / -	Supervisor:	Ending- per year \$
		Phone #:	

Brief Description of your duties: _____

Reason for leaving: _____

Name/Address	From/ To	Position Title	Base Salary
	Month- Year/ Month- Year		Beginning- per year \$
	- / -	Supervisor:	Ending- per year \$
		Phone #:	

Brief Description of your duties: _____

Reason for leaving: _____

Name/Address	From/ To	Position Title	Base Salary
	Month- Year/ Month- Year		Beginning- per year \$
	- / -	Supervisor:	Ending- per year \$
		Phone #:	

Brief Description of your duties: _____

Reason for leaving: _____

Name/Address	From/ To	Position Title	Base Salary
	Month- Year/ Month- Year		Beginning- per year \$
	- / -	Supervisor:	Ending- per year \$
		Phone #:	

Brief Description of your duties: _____

Reason for leaving: _____

<p>Have you ever been fired? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please explain: _____ _____ _____</p> <p>Can you work every day of the week? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you work any hours of those days? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, State any restrictions to hours and days: _____ _____ _____</p>
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PRE-EMPLOYMENT STATEMENT

May we contact the employers listed above? _____. If not, indicate which one(s) you do wish us to contact: _____

The facts set forth in my application for employment are true and complete. I understand that giving incomplete or false information for employment is a serious matter and is ground for dismissal and forfeiture of related benefits. I understand, also, that I am required to abide by all rules and regulations of the company.

AUTHORIZATION FOR INVESTIGATIVE PROCESSES

I CERTIFY THE INFORMATION ON THIS APPLICATION IS ACCURATE AND COMPLETE. NEITHER THIS APPLICATION NOR ANY INTERVIEW CREATES A CONTRACT FOR EMPLOYMENT OR ANY BENEFIT. IF HIRED, I UNDERSTAND I OR THE COMPANY MAY TERMINATE MY EMPLOYMENT AT ANYTIME WITHOUT CAUSE.

 (SIGNATURE OF APPLICANT)

 (DATE)