Kid's Company CDC, LLC

EMPLOYMENT APPLICATION

Application Information

Full name:						Date:		
	Last	First		M.I.				
Address:						Phone:		
	Street address	Apt/Unit #	Apt/Unit #					
	Ct.			Tin Anda	I	Email:	 	
DOB	City		State	Zip Code				
Date Available:	S.S. r	no: ·			·1	Desired salary:	\$	
Position applied	i for:							
Are you a citizer	n of the United States?	Yes □	No 🗆					
lf no, are you au	rthorized to work in the U.S.?	Yes □	No □					
Have you ever w	vorked for this company?	Yes 🗆	No 🗆	If yes, wh	en?			
Have you ever been convicted of a felony?		Yes □	No □	If yes, explain?				
o you have child	dcare experience?							
Education								
High school:			Address:					
From:	То:	Did yo	u graduate?	Yes 🗆	No □	Diploma:		
College:			Address:					
From:	То:	Did yo	u graduate?	Yes □	No □	Degree:		
Other:			Address:		· · · - · ·			
From:	To:	Did yo	u graduate?	Yes □	No □	Degree:		

References

Please list three professional references. Relationship: Full name: Phone: Company: Address: Email: Relationship: Full name: Phone: Company: Address: Email: Full name: Relationship: Company: Phone: Address: Email: **Previous Employment** Company: Phone: Address: Supervisor: Job title: From: To: Responsibilities: May we contact your previous supervisor for a reference? Yes 🗆 No □ Phone: Company: Supervisor: Address: From: To: Job title: Responsibilities:

Yes 🗀

No 🗀

May we contact your previous supervisor for a reference?

Company:	Phone:	Phone:				
Address:	Supervisor:					
Job title:	From:		To:			
Responsibilities:						
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 knowle	edge.					
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:				
Office notes						
			*			
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Criminal Background Information

First Name		Middle Name		Last Name	
DOB					
Alias or Nickna	ame				
Are you a US o	citizen ?				
Maiden Name	! <u> </u>	Ge	nder	Race	
Current Address		c	ity	State	ZIP
Parish					
SSN				÷	
Driver's Licens	se#		State	Exp	
Phone		Email			-
Place of birth:	city	state _		Country	
Weight		leight	Hair	Eye	····
Descriptions o	of Tattoos and S	Scars			
Previous Addr	ress (Past 5 yea	rs listed Current to	Past)	1	
Month/year		city		state and zip code	
Month/year	Address	city	· · · · · · · · · · · · · · · · · · ·	state and zip code	·····
Month/year	Address	city		state and zip code	
Month/year	•:	city		state and zip code	•