

**Kidz World Childcare, Inc.**  
**Application for Employment or Volunteer**

Page | 1

<b>Personal Information</b>	Date: _____	
Name: _____		
(first)	(middle)	(last)
Address: _____		
(street address)	(city, state)	(zip)
Email: _____		
Home Phone: _____	Cell: _____	

<b>History of Prior Work with Children</b>		
List organizations other than ours in which you were involved in working with children or youth.		
Organization	Type	Describe Your Involvement (Ages of children)
_____	_____	_____
_____	_____	_____
Do you have any MEDICAL TRAINING or are you CPR certified? _____		
Explain: _____		

<b>Work History</b>	
Please list your last three (3) jobs from most recent to oldest.	
Employer 1: _____	Dates of employment: _____ to _____
Employer address: _____	
Employer phone: _____	Immediate Supervisor: _____
Job title: _____	
Duties: _____	
Why did you leave? _____	
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Employer 2: _____	Dates of employment: _____ to _____
Employer address: _____	
Employer phone: _____	Immediate Supervisor: _____
Job title: _____	
Duties: _____	
Why did you leave? _____	
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Employer 3: _____	Dates of employment: _____ to _____
Employer address: _____	
Employer phone: _____	Immediate Supervisor: _____
Job title: _____	
Duties: _____	
Why did you leave? _____	

**Emergency Contact Information**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_

**Education**

Please list education. (Date)  
High School: \_\_\_\_\_ Graduated: \_\_\_\_\_  
College: \_\_\_\_\_ Graduated: \_\_\_\_\_  
Degree 1: \_\_\_\_\_ Received: \_\_\_\_\_  
Degree 2: \_\_\_\_\_ Received: \_\_\_\_\_  
Degree 3: \_\_\_\_\_ Received: \_\_\_\_\_  
Commonwealth Child Care Credential (CCCC): \_\_\_\_\_ Received: \_\_\_\_\_  
Child Development Associate (CDA): \_\_\_\_\_ Received: \_\_\_\_\_  
Director’s Credential: \_\_\_\_\_ Received: \_\_\_\_\_

***A copy of these documents will be needed if hired.***

**CONFIDENTIAL Safety & Security**

The safety and security of children is a primary objective for us. All information is held strictly confidential. Answering yes to any of the questions below may not necessarily preclude your involvement. Thank you for your understanding.

- Have you ever been hospitalized or treated for alcohol or substance abuse? Yes / No
- Have you ever been accused of, arrested for, convicted of, or are you currently under investigation for a criminal offense excluding minor traffic violations? Yes / No
- Have you ever been accused of, arrested for, convicted of, or are you currently under investigation for any sexually related crimes? Yes / No
- Have you ever been accused of, arrested for, convicted of, or are you currently under investigation for any abuse related crimes? Yes / No
- Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children? Yes / No

If you answered yes to any of the above questions please explain:

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

**Availability**

**Days** of availability: \_\_\_ M, \_\_\_ T, \_\_\_ W, \_\_\_ Th, \_\_\_ F **Hours** of availability: \_\_\_:\_\_\_ AM to \_\_\_:\_\_\_ PM

Trainings are held on Saturday’s, can you attend? \_\_\_\_\_

Evening trainings and staff meetings are held on occasion 6:00 to 9:00PM, can you attend? \_\_\_\_\_

If not, please explain. \_\_\_\_\_  
\_\_\_\_\_

**Reference Request Form**

List two personal references (not former employers or relatives). Please give complete mailing addresses and telephone numbers.

Page | 3

First & Last Name, Street Address City, State, Zip, Area Code & Telephone

Reference 1:

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Reference 2:

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**Release Statement**

The information contained in this application is correct to the best of my knowledge. I authorize any references or organizations listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for working with children or youth. I release all such references from liability for any damages or claims that may result from furnishing such evaluations to you. I understand that any omission of material fact on this application may be grounds for rejection of this application.

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