



Employment Application

Please email back to : LPLCBGLC3@gmail.com

Section 1: Personal Information

Full Name: _____	Date: ____/____/____	
Present Address: _____		
City	State	Zip Code
Phone Number: ____ (____) ____ - ____		Email Address: _____
Referred by: _____		

Section 2: Desired Employment:

Position you are applying for: _____	Please circle one: Full Time/Part Time
Available Start Date: ____/____/____	Desired Salary: _____

List the hours you are available to work below:

Day	Hours Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Have you ever applied to or worked for Little People Learning Center or Bright Giggles Learning Center Before? Yes / No
If so when? _____
Have You ever worked for a School Readiness School Before? Yes / No
If so which center? _____
What dates were you employed? _____
Are you a QSM on the oec registry: _____

Section 3: Education/Training

High School Attended		Year of Graduation	
College Attended		Year of Graduation	
Trade School		Year of Graduation	

Have you earned a CDA?	Yes / No	Expiration Date	____/____/____
Are you CPR Certified?	Yes / No	Expiration Date	____/____/____
Are you First Aid Certified?	Yes / No	Expiration Date	____/____/____
Are you Administration of Meds Certified?	Yes / No	Expiration Date	____/____/____

Section 4: Foreign Language:

What languages are you fluent in?

Section 5 : References

Name	Address	Phone Number	Years Known

Section 6: Background Check

Are you currently in the BCIS System? Yes / No Birth Date: ____/____/____

Do you have a CT Child Care Physical? Yes / No

**A current Background check and a ct childcare physical is required before employment can start and a must be obtained by and at the cost of the applicant.*

Previous Employers

Company: _____

Address: _____

City State Zip Code

Phone Number: (____) ____-____ Supervisors Name: _____

Position Held: _____

Start Date: ____/____/____ Starting Salary: _____ Per Year/Hour

End Date: ____/____/____ Ending Salary: _____ Per Year/Hour

Reason for Leaving: _____

Office Use Only

Was the applicant an employee of your company? ☐ Yes ☐ No ____/____/____ ____/____/____

\$ _____ \$ _____ Yearly/Hourly Start Date End Date

Starting Salary Ending Salary

Applicant's

Position: _____

Applicant's Responsibilities: _____

Would this applicant be eligible for rehire? ☐ Yes ☐ No

Date Contacted: ____/____/____ Directors Initials: _____

Previous Employer

Company: _____
Address: _____

City State Zip Code
Phone Number: () - Supervisors Name: _____
Position Held: _____
Start Date: ____/____/____ Starting Salary: _____ Per Year/Hour
End Date: ____/____/____ Ending Salary: _____ Per Year/Hour
Reason for Leaving: _____

Office Use Only

Was the applicant an employee of your company? ☐ Yes ☐ No ____/____/____ ____/____/____
\$ _____ \$ _____ Yearly/Hourly Start Date End Date
Starting Salary Ending Salary
Applicant's Position: _____
Applicant's Responsibilities: _____

Would this applicant be eligible for rehire? ☐ Yes ☐ No
Date Contacted: ____/____/____ Directors Initials: _____

Previous Employer

Company: _____
Address: _____

City State Zip Code
Phone Number: () - Supervisors Name: _____
Position Held: _____
Start Date: ____/____/____ Starting Salary: _____ Per Year/Hour
End Date: ____/____/____ Ending Salary: _____ Per Year/Hour
Reason for Leaving: _____

Office Use Only

Was the applicant an employee of your company? ☐ Yes ☐ No ____/____/____ ____/____/____
\$ _____ \$ _____ Yearly/Hourly Start Date End Date
Starting Salary Ending Salary
Applicant's Position: _____
Applicant's Responsibilities: _____

Would this applicant be eligible for rehire? ☐ Yes ☐ No
Date Contacted: ____/____/____ Directors Initials: _____

Previous Employer

Company: _____			
Address: _____			
_____		City	State
_____		_____	Zip Code
Phone Number: (_____)	- _____	Supervisors Name: _____	
Position Held: _____			
Start Date: ____/____/____		Starting Salary: _____ Per Year/Hour	
End Date: ____/____/____		Ending Salary: _____ Per Year/Hour	
Reason for Leaving: _____			

Office Use Only

Was the applicant an employee of your company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
\$ _____	\$ _____	Yearly/Hourly	_____ / _____ / _____
Starting Salary	Ending Salary		Start Date
End Date _____			
Applicant's Position: _____			
Applicant's Responsibilities: _____			

Would this applicant be eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Contacted: ____/____/____		Directors Initials: _____	

***Authorization:** I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ASA) and other relevant federal and state laws.

Signature and Date

X

Interviewed By & Date

_____/_____/_____

Classroom:

--

Hired : Yes Or No

Start Date:

_____/_____/_____
