



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Are you 18 or older? Y / N

Position Applied for: _____ Currently employed? _____ If yes can we contact? Y / N

Table with 3 rows and 6 columns containing citizenship, previous employment, and application history questions.

Education

Table with 5 columns: Institution Name, Location, Did you graduate?, Degree/Diploma: and a blank column.

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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Previous Employment (continued)

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

References

Please list three professional references. (supervisors, managers, others)

Name	Address	Phone	Relationship	Years Known

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer / Authorization / Signature

Loving Arms Children’s Center is an Equal Opportunity Employer. We do not discriminate in employment matters on the basis of ethnicity, national origin, skin color, age, marital status, sex or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge, and that if this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize Loving Arms Children’s Center to investigate my personal references, education and background.

I understand if employed I will need to provide copies of necessary documents required by the State of Iowa to work in child care.

Signature: _____ Date: _____