

## Grow With Us Childcare Center is an Equal Opportunity Employer.

Notice to applicants: Federal and state law require that all applications be considered regardless of race, religion, color, sex, age or national origin. We believe in and fully support the principle of equal employment opportunity and will fulfill our obligation to the fullest.

## Grow With Us Childcare Center

2005 2<sup>nd</sup> Street North
P.O. Box 32
Princeton, Minnesota 55371
Phone 763-631-2244
Fax 763-631-2245

Website: www.GrowWithUsCC.com Email: GrowWithUsCC@yahoo.com

## Employment Application

(State law requires all childcare center employees to be 16 years of age or older)

## PERSONAL DATA

Name						
Present Address		City/State/Zip				
Home Phone #	Cell F	Cell Phone #				
Position Applied for: [] Te	acher, [] Assistant Teacher,	[] Aide				
Age Group Preference, (if	any): [] Infants, [] Toddlers,	, [] Preschool, [] School Age				
Date you can start	Hours available	Days available				
Н	ave you completed the following	lowing training?:				
First Aid? Y/N when	<u>C</u>	PR? Y/N when				
SIDS & Sha	aken Baby Training? Y/N	when				
What experience do you ha	ave with children?					
Have you ever worked in a	school or daycare center? I	f so, when and for how long?				

Why do you want to work at G	row With Us?			No.	
				1	
		***			
EDUCATION					
Name and Location of School	Grade Completed	Graduated	Major/Degree	GPA	
		Y or N			
		Y or N			
		Y or N			
EMPLOYMENT HISTORY (1	ist your most recent	job first)			
Company Name	Position/Job Title:				
Address:		City, Sta	ate, Zip:		
Dates of employment (start and	l end, month and yea	ar):	to		
Day Data Starting	Ending	This is	a vivos [] Evill timas []	Don't time	
Pay Rate, Starting:	Ending:	1 ms jot	o was [] Fun-time, []	Part-time	
Reason for leaving:				-	
Name and title of supervisor: _					
May we contact them [] Yes, []	No				
2. Company Name:	Position/Job Title:				
Address:	City, State, Zip:				
Dates of employment (start and	end, month and year	ar):	to		
ay Rate, Starting:	Ending:	This job was [] Full-time, [] Part-time			
Reason for leaving:					
Name and title of supervisor: _					
May we contact them [] Yes, []	No		,		

3. Company Name:	Position/Job Title:					
Address:		City, State, Zip:				
Dates of employment (start	year):	to				
Pay Rate, Starting:	Ending:	This job was [] Full-time, [] Part-time				
Reason for leaving:						
				ψ.:		
Name and title of supervisor	or:					
May we contact them [] Ye						
REFERENCES (list only	persons we may contac	ct, no family member		others, please)		
Name	Address	Relationship	Years Acquainted	Phone Numbe		
APPLICANT: PLEASE R The information provided by me knowledge. I understand that if the dismissal. I give Grow With Us to work in the United States. I un and Shaken Baby Training cours State of Minnesota requires all c	in this application for em I am employed, any false i C <b>hildcare Center</b> permiss Iderstand that as part of n Te requirements, and I wil	ployment is true and co statements will be cons sion to contact my refer ny job I will be obligate l do so before the start	idered as cause j ences. I certify I ed to fulfill CPR, of my employme	for possible am legally entitled First Aid, SIDS nt. I understand the		
Signature		Date	e			

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