

Sunbeam Child Care Employment Application

Fill the form below accurately indicating your potentials and suitability to job applying for.

Position(s) Applied for: _____

Name: _____

First Name

Middle Name

Last Name

Phone Number: _____

Social Security Number: _____

Any Mental Health or Physical problems that could affect your work? _____

If yes, please specify. _____

E-mail Address: _____

Address: _____

Education Background

High School: _____

Graduation Status: _____

College Name 1: _____

Location: _____

Degree: _____

Did you Graduate? Yes or No _____

Highest Grade Completed: _____

College Name 3: _____

Location: _____

Degree: _____

Did you Graduate? Yes or No? _____

Highest Grade Completed: _____

College Name 2: _____

Location: _____

Degree: _____

Did you Graduate? Yes or No? _____

Highest Grade Completed: _____

Other Training or Skills: _____

Employment Record

Employer 1

Company: _____

Company Address: _____

Title: _____

Duties: _____

Reason for leaving: _____

Start/End Date: _____

Employer 3

Company: _____

Company Address: _____

Title: _____

Duties: _____

Reason for leaving: _____

Start/End Date: _____

Employer 2

Company: _____

Company Address: _____

Title: _____

Duties: _____

Reason for leaving: _____

Start/End Date: _____

Please explain any employment gaps here:

Child Related Activities

(Ex. Volunteer Work)

Activity 1

Group / Agency Affiliation: _____

Month and Year(s) (Ex. Jan. 2020 - Feb. 2021): _____

Types of activities you performed: _____

Activity 2

Group / Agency Affiliation: _____

Month and Year(s) (Ex. Jan. 2020 - Feb. 2021): _____

Types of activities you performed: _____

CPR Qualifications

Do you have a First Aide Certificate or CPR Certificate Form from the American Red Cross? _____

Please Identify which form you have. _____

CPR Completed Date: _____

First Aide Completed Date: _____

Personal References

Please list two (2) references that are familiar with your work life. Also attach 2 written, professional letters.

Reference 1

Name: _____

Occupation: _____

Relationship: _____

Phone Number: _____

Reference 2

Name: _____

Occupation: _____

Relationship: _____

Phone Number: _____

Emergency Contact Information

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Declaration

I declare that to the best of my knowledge and belief, the information I have given is correct. Providing false or deliberately misleading information on this form could lead to an offer of employment being withdrawn or employment being terminated. This authorization includes the right to examine all my employment records, educational records, medical records, and all other records on any kind, along with it the right to receive full and complete information pertaining thereto, including copies of all such records.

Signature: _____

Date: _____

EMPLOYER ONLY

Interviewed by: _____

Hired: _____

Remarks: _____

Position: _____

Start Date: _____

Date: _____

Salary: _____