



EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

TODAY'S DATE

PERSONAL INFORMATION

NAME*:

| | | | |
|--------------------------|------------------------|---------|--------------------|
| ADDRESS*: | CITY*: | STATE*: | ZIP CODE*: |
| HOME PHONE*: | ALTERNATE/WORK PHONE*: | | DATE OF BIRTH*: |
| PREFERRED NAME/NICKNAME: | EMAIL ADDRESS*: | | SOCIAL SECURITY#*: |

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

| | |
|---------------------------------|-----------------------|
| Position you are applying for*: | Available Start Date: |
|---------------------------------|-----------------------|

Are you interested in:

| | | | |
|------------------|------------------|------------------|-------------------|
| Full-Time | Part-Time | Temporary | Internship |
|------------------|------------------|------------------|-------------------|

What schedule would you prefer?

| | | | |
|-----------------|-----------------|-----------------|---------------|
| Weekdays | Weekends | Evenings | Nights |
|-----------------|-----------------|-----------------|---------------|

How did you hear about the position?

| | | | |
|----------------------|----------------------|--------------|-----------------|
| Classified Ad | Friend (Name) | Radio | Internet |
|----------------------|----------------------|--------------|-----------------|

| | | |
|-------------------------|------------|-----------|
| Will you work overtime? | YES | NO |
|-------------------------|------------|-----------|

| | | | |
|--------------|---|--|-------------------|
| Desired Pay: | Hourly Pay (Minimum, if applicable) \$ | Annual Pay Minimum \$ | Desired \$ |
|--------------|---|--|-------------------|

In what local area do you prefer to work?

Are there any days or hours you are unable to work?

Do you have transportation to/from work? If no, how do you plan to get to work?

| | | |
|---|------------|-----------|
| Are you legally authorized to work in the U.S.? | Yes | No |
|---|------------|-----------|

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, D & D Childcare Enterprises and its entities, will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

D & D Childcare Enterprises and its entities are an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, D & D Childcare Enterprises and its entities also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.



Are you under 18 years of age? **Yes** **No**

If Yes, can you furnish a work permit? **Yes** **No**

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? **Yes** **No**

Have you ever been convicted of a felony? **Yes** **No**

If Yes, explain:

Have you been employed by this organization in the past? **Yes** **No**

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)
 Massachusetts applicants may include any verified work performed on a volunteer basis

WORK EXPERIENCE

| | | | | |
|-----------------------------------|------------------|----------|------------------------------------|---|
| COMPANY NAME | | | YOUR POSITION & TITLE | |
| FROM _____/_____ Month Year | ADDRESS | | SUPERVISOR'S NAME TITLE & POSITION | |
| CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER | |
| TO _____/_____ Month Year | TYPE OF BUSINESS | | STARTING PAY | TERMINATION VOLUNTARY INVOLUNTARY |
| | TELEPHONE NUMBER | | FINAL PAY | |

BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION

WORK EXPERIENCE

| | | | | |
|-----------------------------------|------------------|----------|------------------------------------|---|
| COMPANY NAME | | | YOUR POSITION & TITLE | |
| FROM _____/_____ Month Year | ADDRESS | | SUPERVISOR'S NAME TITLE & POSITION | |
| CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER | |
| TO _____/_____ Month Year | TYPE OF BUSINESS | | STARTING PAY | TERMINATION VOLUNTARY INVOLUNTARY |
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| COMPANY NAME | | | | YOUR POSITION & TITLE | |
| FROM _____/_____ Month Year | ADDRESS | | | SUPERVISOR'S NAME TITLE & POSITION | |
| CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER | | |
| TO _____/_____ Month Year | TYPE OF BUSINESS | | STARTING PAY | TERMINATION VOLUNTARY INVOLUNTARY | |
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WORK EXPERIENCE

| | | | | | |
|--|------------------|-----------|-------------------------------|---|--|
| COMPANY NAME | | | | YOUR POSITION & TITLE | |
| FROM _____/_____ Month Year | ADDRESS | | | SUPERVISOR'S NAME TITLE & POSITION | |
| CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER | | |
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| | TELEPHONE NUMBER | FINAL PAY | | | |
| BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION | | | | | |



ADDITIONAL INFORMATION

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME THREE MONTHS OR MORE BETWEEN POSITIONS HELD OR AFTER SCHOOL

| | | |
|-----------------------------------|---------------------------------|------------------------------|
| FROM _____/_____ Month Year | TO _____/_____ Month Year | HOW DID YOU SPEND THIS TIME? |
| FROM _____/_____ Month Year | TO _____/_____ Month Year | HOW DID YOU SPEND THIS TIME? |

EDUCATION*

| HIGH SCHOOL/COLLEGE | MAJOR SUBJECT | DIPLOMA/DEGREE | DID YOU GRADUATE? |
|---------------------|---------------|----------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

PROFESSIONAL DESIGNATIONS:

| | | |
|-------------|-----------------------------------|----------------|
| DESIGNATION | ORGANIZATION GRANTING DESIGNATION | DATE COMPLETED |
| DESIGNATION | ORGANIZATION GRANTING DESIGNATION | DATE COMPLETED |

PROFESSIONAL LICENSES:

| | | |
|-----------------|------------------------|----------------|
| TYPE OF LICENSE | STATE GRANTING LICENSE | LICENSE NUMBER |
| TYPE OF LICENSE | STATE GRANTING LICENSE | LICENSE NUMBER |



REFERENCES

Please list two professional references who can verify your work history and performance. References should not be relatives and at least one must have directly supervised you at some time in your work history. **Please Print:**

REFERENCE INFORMATION

1. NAME OF SUPERVISOR*:

TITLE*:

COMPANY NAME AND ADDRESS*:

COMPANY PHONE NUMBER INCLUDING AREA CODE AND EXTENSION*:

2. NAME OF SUPERVISOR*:

TITLE*:

COMPANY NAME AND ADDRESS*:

COMPANY PHONE NUMBER INCLUDING AREA CODE AND EXTENSION*:

TWO PERSONAL REFERENCES (must not be a relative)

1. NAME*:

HOW DO YOU KNOW THIS INDIVIDUAL?

ADDRESS*:

CITY*:

STATE*:

PHONE NUMBER (INCLUDING AREA CODE)*:

YEARS ACQUAINTED*:

2. NAME*:

HOW DO YOU KNOW THIS INDIVIDUAL?

ADDRESS*:

CITY*:

STATE*:

PHONE NUMBER (INCLUDING AREA CODE)*:

YEARS ACQUAINTED*:

MEDICAL: I understand that any offer of employment with the Company will be contingent upon my successful completion of any post offer pre-employment physical examination that may be required. The physical examination is for the purpose of employment in a childcare facility and, therefore, should not have any restrictions as regards to lifting, carrying, sitting, standing, pulling, pushing, or any restrictions that would limit your interaction with children.

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

1. I have submitted the attached form to the Company for the purpose of obtaining employment. I acknowledge that the use of this form and my filling it out does not indicate that any positions are open nor does it obligate the Company to further process my application. I understand that the receipt of this application **does not** imply that I will be employed.

2. My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge. It also constitutes authority to do a background inquiry to verify the statements and information on this application or any other documentation that I have provided and other areas that may include prior employment and criminal convictions, motor vehicle history and any other areas. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment. I understand that I will be subject to immediate dismissal if hired if at any time a discovery of any material falsification, omission or misrepresentation of fact in this application is found.

3. I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

4. I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

5. I understand that I may be required, depending upon my position, to sign a non-compete confidentiality, and/or business ethics agreement as a condition of my employment.

6. References: I hereby authorize the Company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application. I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the Company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

7. I understand that the Company will have the right to terminate my employment at any time or without any reason of notice regardless of the date of payment of my wages or salary. Neither this application, the Employee handbook, nor any other documents given to employees is intended to create nor should such documents be construed as creating an express or implied contract.

SIGNED: _____

(Signature of Applicant)

DATE: _____