

**ROBYN'S NEST PRESCHOOL AND PLAYCARE CENTER
JD WILLITS INCORPORATED
APPLICATION FOR EMPLOYMENT**

In compliance with Federal and State equal employment opportunity laws applicants are considered for positions without discrimination on the basis of race, religion, sex, national origin, citizenship, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

In order for you to be considered for employment, this application must be filled out COMPLETELY. Please write "N/A" if information is not applicable. Resumes, though welcome, should not be submitted in place of the information requested below.

PLEASE PRINT

| | | | | |
|--|----------------------------|---|--|--------------|
| First Name | Middle Initial | Last Name | Social Security Number | Today's Date |
| Current Address: | Street/P.O. Box | Apt. # | City | State ZIP |
| Permanent Address: | Street/P.O. Box | Apt. # | City | State ZIP |
| Day Phone # () () | Evening Phone # () () | Alternate Phone # (<input type="radio"/> Pager <input type="radio"/> Cell <input type="radio"/> Other _____) () () | | |
| For which position are you applying? | | | Date you are available for employment: | |
| What is the minimum amount of money you expect to make? \$ _____/hour \$ _____/month | | | | |

1. If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to work in the United States?..... Yes No
2. If hired, can you submit proof of legal age to work in this state? Yes No
3. If hired, can you submit proof of a negative Tuberculosis (TB) test performed within the last 12 months? Yes No
4. How many jobs have you held in the last two years?..... 0 1 2 3 4 or more
5. Have you ever been terminated from a job?..... Yes No
If yes, how many jobs have you been terminated from?..... 1 2 3 4 or more
6. You want to work: Part-time (____ hours per week) Full-time (____ hours per week)
7. In the table below, please indicate the days you **CAN** work. **List the earliest and latest time you CAN work.** Please account for travel time to and from other obligations (e.g., classes, childcare, meetings, etc.). **Being ten minutes early for your shift is mandatory!**

| | MON | TUE | WED | THUR | FRI |
|------------------|-----|-----|-----|------|-----|
| Earliest time in | | | | | |
| Latest time out | | | | | |

8. Do you have a reliable means of transportation to and from work for the days and times you are available?..... Yes No
9. We may conduct training on days, or at times, you have other obligations. Is your schedule flexible so you may come to training? Yes No
10. Are you, or do you plan to be, in school or taking courses at any time while working here?..... Yes No

11. If you have other obligations or commitments that may affect your schedule (such as travel plans) please indicate the particular dates and times that you will be unavailable. _____

(You may omit any information indicating legally protected characteristics such as age, disability, marital status, national origin, race, religion, or gender.)

12. Education:

| | Name and Location of School | Dates Attended | Last Year Completed | Major/Specialty | Degree Received |
|----------------|-----------------------------|--|---------------------|-----------------------|-----------------|
| High School | | (Please leave blank.) | Grade 9 10 11 12 | (Please leave blank.) | |
| College/ Other | | From: ____ / ____ Month Year To: ____ / ____ Month Year | | | |

13. Training:

- Infant/Child CPR..... Yes No Date Expires: _____
- First Aid..... Yes No Date Expires: _____
- Washington Food Service Worker permit... Yes No Date Expires: _____
- Blood Borne Pathogen (BBP)..... Yes No Date Taken: _____
- 20-hour S.T.A.R.S. training..... Yes No Date Taken: _____
- Last annual 10-hour S.T.A.R.S. course..... Date Taken: _____

14. Do you agree to keep confidential and not disclose any of the Company's or any third parties' (e.g., child and parent clientele, other staff members, etc.) confidential information?..... Yes No

15. Have you read a job description for the position of interest?..... Yes No
Do you understand the job requirements?..... Yes No

16. Can you perform the essential functions required by the job for which you are applying?..... Yes No

17. If you have children, do you have alternate child care in the event that your child is ill?..... Yes No

18. Personal References (other than immediate family):

| Name | Phone Number | Number of Years Known | Relationship |
|------|--------------|-----------------------|--------------|
| | | | |
| | | | |

19. Rate yourself on the following: (1=low 10=high)

- Attendance..... 1 2 3 4 5 6 7 8 9 10
- Patience..... 1 2 3 4 5 6 7 8 9 10
- Organizational Skills..... 1 2 3 4 5 6 7 8 9 10
- Cleanliness..... 1 2 3 4 5 6 7 8 9 10
- Positive Attitude..... 1 2 3 4 5 6 7 8 9 10
- Ability to work well with others 1 2 3 4 5 6 7 8 9 10
- Leadership Abilities 1 2 3 4 5 6 7 8 9 10

20. Work History (Start with your most recent employer.)

| | | |
|---|----------------------------|--------------------|
| Company Name | Telephone Number () | From (Month, Year) |
| Address | City State Zip Code | To (Month, Year) |
| Job Duties | Starting Hourly Wage \$ | |
| | Ending Hourly Wage \$ | |
| | Average Hours per Week | |
| Reason For Leaving | Supervisor | |
| May we contact your current employer prior to any offer of employment? <input type="radio"/> Yes <input type="radio"/> No | | |
| Company Name | Telephone Number () | From (Month, Year) |
| Address | City State Zip Code | To (Month, Year) |
| Job Duties | Starting Hourly Wage \$ | |
| | Ending Hourly Wage \$ | |
| | Average Hours per Week | |
| Reason For Leaving | Supervisor | |
| May we contact this employer prior to any offer of employment? <input type="radio"/> Yes <input type="radio"/> No | | |
| Company Name | Telephone Number () | From (Month, Year) |
| Address | City State Zip Code | To (Month, Year) |
| Job Duties | Starting Hourly Wage \$ | |
| | Ending Hourly Wage \$ | |
| | Average Hours per Week | |
| Reason For Leaving | Supervisor | |
| May we contact this employer prior to any offer of employment? <input type="radio"/> Yes <input type="radio"/> No | | |

Please read the following carefully and sign below

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information provided in this Application, is correct and that any false statements or omissions will justify my rejection for or dismissal from employment. I authorize the Company to conduct any necessary investigation regarding my background (including inquiries of me, prior or current employers, schools and other persons, institutions, or businesses, and checking motor vehicle records, court records and criminal records) as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in the connection with the provision and use of such information. I will agree to a drug test. (The results of any drug tests may, consistent with applicable law, be used to make employment decisions, including decisions relating to hiring and continued employment.)

I understand and agree that this application for employment does not create a contract for employment or a guarantee of employment. I understand and agree that if I am hired, my employment is "AT-WILL" which means that my employment is for no definite period of time and either the Company or I may terminate the employment relationship with or without cause at any time, with or without any advance notice. I understand that only the Owner may change the AT-WILL status of any applicant or employee and may only do so in writing.

I understand that any policies or procedures implemented by the Company in the event of my employment do not alter my AT-WILL employment status. I understand that the Company, in its sole discretion, may at any time change its personnel policies and may also change my job description, responsibilities, wages, and benefits.

I HEREBY ACKNOWLEDGE AND UNDERSTAND THE NOTICE DESCRIBED ABOVE AND THAT IF I AM HIRED I WILL BE AN AT-WILL EMPLOYEE.

SIGNATURE: _____

DATE: _____