

Application Form

Bright Child CDC
110 6th Avenue No.
Princeton, MN 55371

Last Name	First Name, Middle Name
Address, City, State, Zip Code	
Home Phone Number	Cell Phone Number
E-Mail Address	
Date of Birth	

Position Applying For	Status of Position (FT, PT, or Substitute)
Days / Hours Available	Date You Can Begin Employment

EDUCATION

Name of School & Location	Did you Graduate	Degree Received
High School Name / City & State		
2 Yr/ College Name / City & State		
4 Yr. College Name / City & State		
Graduate School Name / City & State		

EMPLOYMENT & EXPERIENCE HISTORY

Company Name / Address	Position	Ending Salary	Date
Have You had First Aid?	When:		
Have You had CPR ?	When:		

What training or experience have you had, other than listed, which enhances your qualifications as an applicant for a position at Bright Child ~ Child Development Center?
Why do you want to work at Bright Child ~ Child Development Center?

Name of References (3)	Title / Position	Address & Telephone #
1.		
2.		
3.		

QUESTIONS:

1. Have you ever been convicted of a crime or felony? _____
2. Lifting Liability: Are you able to lift 30 pounds (average preschool child's weight)? _____
3. Do you have children of your own that may need child care at Bright Child?
 _____ Number / Age of Children: _____

PLEASE READ CAREFULLY AND SIGN BELOW

Bright Child ~ Child Development Center is an equal opportunity employer committed to the policy that all persons shall have equal access to employment without regard to race, creed, color, religion, sex, sexual orientation, age, national origin, economic or marital status.

I hereby affirm that the information that I am providing is true and complete to the best of my knowledge. I authorize Bright Child ~ Child Development Center to seek verification of my qualifications as necessary to arrive at an employment decision. I hereby authorize my current or previous employers and professional references to provide any and all information regarding my employment or personal information that may or may not be on record. I release Bright Child CDC from all liabilities that may arise from requesting such information.

Applicant's Signature:	Date:
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Application Date	Interview Date	Hire Date	Start Date	Director's Initials
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