



4428 Secor Road
Toledo, OH 43623
419-219-0480

www.littlekrewslearningcenter.com

JOB EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

Name: _____ Date: _____

Date of Birth: _____ Phone Number: _____

Home address: _____

Email: _____

Are you 18 Or Older? Yes or No United States Citizen: Yes or No

If no, are you authorized to work in the US? Yes or No

Are you willing to provide your Social Security Number if hired? Yes or No

Emergency Contact: _____ Relationship: _____

Address: _____ Phone Number: _____

Have you ever been convicted of a crime? Yes or No if yes, please explain:

Are you presently employed? Yes or No

Have you been terminated from a job? Yes Or No If yes, please explain:



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On what date would you be available to start? _____

Position applying for: _____ Preferred Age Group: _____

Do you have experience working with children with special needs, autism, or behavioral issues?
Yes or No

Part-Time or Full-Time Expected Salary Hourly: _____

Do you have reliable transportation? Yes or No

Do you have a valid driver license? Yes or No

Hours of available to Work:

Mon: _____ Tue: _____ Wed: _____ Thursday: _____ Fri: _____

Education Background

	Name and Location	Graduated or Currently In School?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc			



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	Name and Location	Graduated or Currently In School?	Major / Subjects of Study
Other Education			

Employment History please list previous employment, starting with most recent (You may attach a resume with additional information)

May we contact the individuals below for references to your work? Yes or No

If no, please explain _____

Place of employment: _____ Position: _____

Duties: _____

Start Date: _____ Ending date: _____

Supervisor: _____ Phone Number: _____

Place of employment: _____ Position: _____

Duties: _____

Start Date: _____ Ending date: _____

Supervisor: _____ Phone Number: _____

Place of employment: _____ Position: _____

Duties: _____



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Start Date: _____ Ending date: _____

Supervisor: _____ Phone Number: _____

Please list 3 personal references (not related) Name, Address, Phone number

1). _____

2). _____

3). _____

Do you have any special skills or talent that would be beneficial in working with young children?

1). _____

2). _____

3). _____

What do you think makes a successful learning program?

As a teacher, what steps would you take to inform a parent of an accident? Confront a parent of a disruptive child? Respond to a voiced concern?

What are your future professional and personal goals?



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By completing this application, you give permission for the childcare administrator to contact your references, verify your past work history, conduct a criminal background check, verify your driving record, and contact your previous employers to determine your suitability in working in the childcare center. By signing this application, you affirm that the information is true to the best of your knowledge. You also agree to release the center for any liabilities that result from the verification. Thank you.

Applicant: _____ Date: _____