

Homestead Day Care, LLC
29200B Evergreen Drive
Waterford, WI 53185

Application for Employment

(Pre-Employment Questionnaire)

(An Equal Opportunity Employer)

Personal Information

Date: _____

Name: _____ SSN: _____

Present Address: _____

Permanent Address: _____

Daytime Phone: _____ Evening Phone: _____

Are you at least 18 years old? Yes No Are you legally eligible to work in the US? Yes No

Are you able to perform the job for which you are applying? Yes No

If not, what accommodations can we make? _____

Employment Desired

Position Applying for: _____ Date you can start: _____

Salary desired: _____ Are you available to work: Full Time Part Time

Are you currently employed? Yes No If so, may be contact your present employer? Yes No

Have you ever applied to or worked for this company before? Yes No

Where? _____ When? _____

How did you hear about the vacancy? _____

Do you have any special skills that are relevant to the position applied for? _____

Education

	Name & Location	# of Credits or Classes	Did You Graduate	Area of Study
High School				
College				
Child Care Training				

Are you on The Registry? ____ Yes ____ No Level? _____ Number of stars earned? _____

Current Employer

Name and Address of Current Employer: _____

Employer's Phone Number: _____ Supervisor: _____

May be contact your current employer? _____ (If no, we will honor your request)

Date Employment started with current employer: _____

Position(s) Held: _____ Wages: _____

Reason for desired change: _____

Former Employers (List the last 3 Employers, most recent first)

1. Name and Address of Employer: _____

Employer's Phone Number: _____ Supervisor: _____

Dates of Employment From: _____ to _____

Position(s) Held: _____ Wages: _____

Reason for Leaving Position: _____

Former Employers (Continued)

2. Name and Address of Employer: _____

Employer's Phone Number: _____ Supervisor: _____

Dates of Employment From: _____ to _____

Position(s) Held: _____ Wages: _____

Reason for Leaving Position: _____

3. Name and Address of Employer: _____

Employer's Phone Number: _____ Supervisor: _____

Dates of Employment From: _____ to _____

Position(s) Held: _____ Wages: _____

Reason for Leaving Position: _____

Personal References: (Please list 3 personal references – not business – personal)

Name

Phone

Name

Phone

Name

Phone

Emergency Notification

In case of an emergency, notify: Name: _____

Phone: _____

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, IF employed, falsified statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained herein and the employers listed to give you any and all information concerning my previous employment and any pertinent information that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

I hereby authorize the center to conduct pre-employment drug screening.”

This application shall be effective for period of 60 days, after which it will be considered inactive.

Signature

Date