

APPLICATION FOR EMPLOYMENT

for

Fax

320/234-6358

Kids Inc. Child Care Centers of MN

566 Bluff St NE

Hutchinson, MN 55350

320/587-5437

E-Mail

kidsinc@hutchtel.net

P E R S O N A L	Last Name		First	Middle	Date	
	Street Address				Home Telephone #	
	City, State, Zip				Cellular Telephone #	
	Have you ever applied for employment with us? ___ Yes ___ No If yes: Month and Year _____			Email address		
	Position Desired			Date you can start	Pay Desired	
	Background Study is required by State. Would you have a problem with this? _____ Yes _____ NO					**Date of Birth

**The age discrimination in employment of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

E D U C A T I O N	School	Name and Location of School	Course of Study	# of Years Completed	Did you Graduate?
	High School				
	College*				

*Please attach a copy of your transcript.

G E N E R A L	Subjects of Special Study/Research Work or Special Training/Skills (Previous Childcare Experience, CPR, 1st Aid)

We are an Equal Opportunity Employer

(Continued on Other Side)

Work Experience		Start with your present or most recent employer	
1	Company Name	Telephone (Required)	
	Address	Employed - (State month & year)	
	Name of Supervisor	From	To
	Email address	Email address	Wage/Salary Rec'd
Job Title and Describe Your Work		Reason for leaving	

2	Company Name	Telephone	
	Address	Employed - (State month & year)	
	Name of Supervisor	From	To
	Email address	Email address	Wage/Salary Rec'd
Job Title and Describe Your Work		Reason for leaving	

3	Company Name	Telephone	
	Address	Employed - (State month & year)	
	Name of Supervisor	From	To
	Email address	Email address	Wage/Salary Rec'd
Job Title and Describe Your Work		Reason for leaving	

Personal/Professional References		Do not include persons related to you.	
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1	Name	Phone #	Business/Relationship	Years Known
	Email address			

2	Name	Phone #	Business/Relationship	Years Known
	Email address			

3	Name	Phone #	Business/Relationship	Years Known
	Email address			

S I G N A T U R E	I authorize investigation of all statements contained in this application. This includes, but is not limited to, the Background Study as required by the state of Minnesota. I understand that misrepresentation or omission of facts called for is cause for dismissal, further, I understand and agree that 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 any previous notice.			
	Signature			Date

For Employer's Use Only - (below this line)

Hire Date	Position & Location	Starting Wage	Full or Part Time
	Driver's License #	Social Security #	