

Application for Employment

Little Footprints Learning Center

Name: _____ Date of Birth: _____
 Address: _____ City _____ State _____ Zip _____
 Cell Phone: _____ Social Security #: _____ - _____ - _____

Education

High School Attended:	Graduated:	Diploma:	Date Received:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma <input type="checkbox"/> GED <input type="checkbox"/>	
College Attended:	Field:	Degree:	Year Graduated:

Please list any special training/certificates that you may have attained. (CDA, OCY, Director's Credential, etc.)

Previous Employment Experience

Employer:	Employer:	Employer:
Address:	Address:	Address:
City:	City:	City:
State: Zip:	State: Zip:	State: Zip:
Phone:	Phone:	Phone:
Supervisor:	Supervisor:	Supervisor:
Employed from _____ to _____	Employed from _____ to _____	Employed from _____ to _____
Reason for leaving:	Reason for leaving:	Reason for leaving:
Rate of pay: \$ _____/hour	Rate of pay: \$ _____/hour	Rate of pay: \$ _____/hour
May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>

Personal References

Please provide (3) references other than those listed above.

Name:	Address:	Phone:	Relationship:
1.			
2.			
3.			

I understand if I am selected for a position that I will be subject to a Police Background Check & Child Abuse Registry Check(fingerprinting) and that my records must pass the requirements enforced for Child Care Facility employees by the Mississippi State Department of Health. I also understand that I must provide a current Certificate of Immunization Form 121 prior to beginning my employment. I also understand that I must submit documentation supporting my qualifications for the position listed above on this application as outlined in the Regulations Governing Licensure of Child Care Facilities and described to me by the interviewer.

I understand that by signing below, I give my permission to **Little Footprints Learning Center** to perform all criminal records checks, a Child Abuse Registry Check, previous employment checks, personal reference checks, and any other checks required for employment by **Little Footprints Learning Center** and the Mississippi State Department of Health.

Applicant Signature

Date

FOR OFFICE USE ONLY

Form 121 Drivers License Diploma Tax Forms Fingerprint Card/Letter Handbook Signature Page
 Orientation