

LEAP Preschool, LLC

STAFF INFORMATION/APPLICATION

NAME:			BIRTHDATE (IF UNDER 18 YEARS):		
CELL PHONE:	HOME PHONE:	E-MAIL ADDRESS:			
HOME ADDRESS:	CITY:	STATE:	ZIP:		

EDUCATION AND TRAINING

Education:

High school graduate or General Education Development (GED) test passed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> CURRENTLY ATTENDING
Early childhood education course work in high school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> CURRENTLY ATTENDING
Post high school training (college, business school, military, etc.):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> CURRENTLY ATTENDING

NAME AND CITY/STATE	DATES ATTENDED	CREDITS EARNED	DEGREE EARNED/DATE	MAJOR/SUBJECT

Other Child Care Training:

TITLE OF CONFERENCE/WORKSHOP/TRAINING	CLOCK HOURS	TRAINER/SPONSOR

EMPLOYMENT HISTORY

(START WITH CURRENT OR MOST RECENT EMPLOYER, INCLUDE VOLUNTEER EXPERIENCE. IF MORE SPACE IS NEEDED ATTACH ANOTHER SHEET OF PAPER OR YOUR RESUME.)

MAY WE CONTACT THE EMPLOYER BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER:	TITLE/POSITION:	EMPLOYED FROM (MO/YR):
PHONE:	SUPERVISOR NAME:	EMPLOYED TO (MO/YR):
JOB DUTIES:	REASON FOR LEAVING:	

MAY WE CONTACT THE EMPLOYER BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER:	TITLE/POSITION:	EMPLOYED FROM (MO/YR):
PHONE:	SUPERVISOR NAME:	EMPLOYED TO (MO/YR):
JOB DUTIES:	REASON FOR LEAVING:	

MAY WE CONTACT THE EMPLOYER BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER:	TITLE/POSITION:	EMPLOYED FROM (MO/YR):
PHONE:	SUPERVISOR NAME:	EMPLOYED TO (MO/YR):
JOB DUTIES:	REASON FOR LEAVING:	

REFERENCES

Please provide information for at least 2 people who have knowledge of your work experience, education, and suitability to work with children.

NAME/TITLE:	ADDRESS:	FOR CENTER USE ONLY
RELATIONSHIP:		DATE REFERENCE RECEIVED:
PHONE:		<input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL
NAME/TITLE:	ADDRESS:	FOR CENTER USE ONLY
RELATIONSHIP:		DATE REFERENCE RECEIVED:
PHONE:		<input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL
NAME/TITLE:	ADDRESS:	FOR CENTER USE ONLY
RELATIONSHIP:		DATE REFERENCE RECEIVED:
PHONE:		<input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL

RECEIPT OF POLICIES AND PROCEDURES

I attest that all of the information on this application is accurate, and that I have read and received the following information:

- Center Policies and Procedures
- OOL Information to Parents Document
- Discipline Policy
- Policy On The Release Of Children
- Policy On The Use Of Technology And Social Media
- Policy on the Methods of Parental Notification of Injuries (if applicable)
- I have received a Child Abuse Record Information (CARI) form and consented to a CARI check
- I have received a Criminal History Record Information (CHRI) form and consented to a CHRI check.
- Other: _____

STAFF SIGNATURE:	DATE:
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FOR CENTER USE ONLY

DATE HIRED:	POSITION:	SOCIAL SECURITY #:	DATE TERMINATED:
DATE OF PHYSICAL:	RESULTS:	DATE OF MANTOUX/CHEST X-RAY:	RESULTS:
OTHER:			