



LOVING ARMS CHILD CARE CENTER
1101 SW Willmar Avenue
Willmar, MN 56201

NON-CERTIFIED AND CONFIDENTIAL STAFF APPLICATION FORM

NAME: _____ Social Security Number _____
Last First Middle

ADDRESS: _____
Street City State Zip

EMAIL ADDRESS: _____

PHONE NUMBER: _____ Are you 18 years or older? ____Yes ____No

POSITION DESIRED: _____ Annual Starting Salary Expected _____

ARE YOU WILLING TO SERVE AS A SUBSTITUTE? _____

ARE YOU PRESENTLY EMPLOYED? _____ If so, may we inquire of your present employer? _____

MAY WE CONTACT YOU AT WORK? _____ Work Telephone Number _____

EDUCATION	Name & Location of School	Years Completed	Diploma/ Degree	GPA	Subject Studied
High School	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Trade/Voc.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Are you a Veteran? ____Yes ____No

Are you the spouse of a deceased or disabled Veteran? ____Yes ____No

SPECIAL QUALIFICATIONS: (Licenses, etc.) _____

Certifications: First Aid/Date _____ Adult/Child/Infant CPR/Date _____

What other additional Education or Training have you had that might relate to this position?

Have you been convicted of any crime (other than a minor traffic violation?) _____ Yes _____ No

If Yes, What was the disposition of the case? _____

Conviction of a crime is NOT an automatic bar to employment. We will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

EMPLOYMENT HISTORY: (List complete employment history, but do not provide dates of employment for jobs held more than five years ago.) Start with your present or most recent position first, then list the position prior to that, etc.

Employer Name/Address _____ Position _____

Description of Duties _____

Dates of Employment _____ Salary _____

Immediate Supervisor _____ Phone _____

Employer Name/Address _____ Position _____

Description of Duties _____

Dates of Employment _____ Salary _____

Immediate Supervisor _____ Phone _____

Employer Name/Address _____ Position _____

Description of Duties _____

Dates of Employment _____ Salary _____

Immediate Supervisor _____ Phone _____

Employer Name/Address _____ Position _____

Description of Duties _____

Dates of Employment _____ Salary _____

Immediate Supervisor _____ Phone _____

Employer Name/Address _____ Position _____

Description of Duties _____

Dates of Employment _____ Salary _____

Immediate Supervisor _____ Phone _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

NAME	PHONE	YEARS ACQUAINTED
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

APPLICATION NARRATIVE: I am applying for the position of _____ at Loving Arms Child Care and Preschool. The qualifications I possess for this position are as follows:
(List career accomplishments, additional skills, knowledge, experience or other relevant qualifications you consider applicable to obtaining the position desired.)

“I certify that the facts contained in this application form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the 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 wages and salary, be terminated at any time without prior notice.”

SIGNATURE

DATE

LOVING ARMS IS AN EQUAL OPPORTUNITY EMPLOYER