

EMPLOYMENT APPLICATION



First Name: _____ Last Name: _____
Cell Number: _____ Home Number: _____
Current Address: _____
Social Security Number: _____ Driver's License Number: _____
Email: _____

Thank you for choosing New Creations in your career path. We are dedicated to hiring professionals who are energetic, motivated, and process integrity. New Creations is an equal opportunity employer. Applicants must show they understand they are able to meet the following requirements for employment by initialing each item below.

- _____ High School Graduate or GED recipient
- _____ United States Citizen, or legally authorized to work in the United States
- _____ Will provide Social Security Card or Birth Certificate
- _____ Will submit to drug and alcohol testing as required
- _____ Will complete a background check and get fingerprinted
- _____ Physically able to safely supervise young children and perform necessary job functions
- _____ Will maintain professional appearance and conduct at all times
- _____ First Aid and Pediatric CPR trained
- _____ Will annually complete a number of hours of in-service training equal to 2%, 1.5%, or 1% depending on level of education

GENERAL INFORMATION

Employment Desired: (circle one) Full-time / Part-time / Full- or Part-time / On Call-Substitute

Position Desired: (circle one) Lead Teacher / Assistant Teacher / Aide

*To view what you are qualified for, click here: <https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5422-ENG>

Hourly Rate Desired: _____ Are you seeking (circle one) temporary / permanent work?

Hours Available: M _____ T _____ W _____ T _____ F _____

REFERENCES

Please list 3 personal and/or professional references

Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATIONAL EXPERIENCE

High School Attended: _____ Year Graduated _____

School Address: _____

College Attended: _____ Major: _____
Degree OR Number of Years Completed: _____
Do you have a Child Development Associate Certification? (circle one) Yes / No
Did you attend a Child Development class in High School? (circle one) Yes / No
List courses completed or relevant childcare training (CPR, First Aid, Child Development, etc.)

List other skills, vocational, and technical training:

EMPLOYMENT HISTORY
(begin with most recent)

Position Title: _____ Start Date: _____ End Date: _____
Company and Address: _____
Supervisor's Name and Phone: _____
Job Duties: _____
Beginning Salary: _____ Ending Salary: _____
Reason for Leaving: _____

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OFFENSES

(criminal background checks will be conducted on all applicants)

Have you ever pled guilty, no contest or been convicted of any criminal offense? (circle one) Yes / No
If Yes, Please Explain: _____
Has a report of child maltreatment ever been made against you? (circle one) Yes / No
If Yes, Please Explain: _____
Has a court ever denied parental, custodial or visitation rights as a result of neglect or abuse of a child?
(circle one) Yes / No If Yes, Please Explain: _____
While employed in a child care program, have you ever been the subject of disciplinary action or been
responsible for a child care facility receiving an administrative/disciplinary action? (circle one) Yes / No
If Yes, Please Explain: _____

FINAL QUESTIONS

What are your career goals and objectives?

Why should New Creations hire you?

Define PROFESSIONAL CONDUCT. How does it apply to a child care program?

Define CUSTOMER SERVICE. How does it relate to a child care program?

Describe your position on guidance as it relates to 3-year-old children arguing over a toy.

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

I hereby certify that all information contained in this application is true and correct. I understand that any misrepresentation, falsification, or consequential omission of information may render this application void, or if employed may result in immediate termination. I further consent and agree to submit to any job-related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests. I authorize individuals and institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

Printed Name: _____
Signature: _____ Date: _____

OFFICE USE ONLY

Date Submitted: _____ Time: _____ Director Proceed: + or -
Interview Date: _____ Date Hired: _____ Position: _____