



Employment Application

APPLICANT INFORMATION				
Last Name		First		M.I. Date
Street Address				Apartment:
City		State		ZIP
Phone		E-mail Address		
Date Available	SSN:		DOB:	Desired Salary
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
I authorize Little Footsteps Daycare & Learning Center and any of its representatives to run a background check as required by the Texas Department of Family and Protective Services when applying to work in direct contact with children.	
Signature	Date

Pre-Employment Questionnaire

Briefly explain how you would handle the following situations:

1. A child under your care falls and hurts him/herself. You would....
2. You are in the classroom teaching your lesson when one of the children starts to run around and disrupts the other children...what would you do to get everything back under control?
3. The children start fighting over a toy and all of a sudden one hits the other. What do you do?
4. If a child is having a problem at home and he/she is talking to you about it, what do you say?
5. One of the new children has been crying for quite some time and you can tell that this child wants to be held (or go with his/her mother), but by doing so you would be doing more harm than good. What do you do?
6. You are put in a classroom with children you do not usually work with. There is no program or lesson plan available. What do you do?
7. Name three activities you would do with infants.
 - a.
 - b.
 - c.
8. Name three activities you would do with toddlers.
 - a.
 - b.
 - c.

9. Name three activities you would do with preschoolers.
 - a.
 - b.
 - c.

10. Name three activities you would do with school age children.
 - a.
 - b.
 - c.

11. What do you think a developmental activity plan is, and give an example of one.

12. What age group of children do you feel most comfortable working with on a regular basis? Why?

13. What age group of children do you feel most uncomfortable working with on a regular basis? Why?

14. What do you like least about working in a daycare setting?

15. Are you willing to drive the daycare van to transport children?

16. Do you have a valid driver's license?

19. Are you available to work long hours if necessary?

20. What hours would you be available to work?