

A. Employee's Information (please do not leave spaces blank): Today's Date: _____
Full Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Age: _____ Race: _____ Sex: _____
Social Security No.: _____ Birth Date: _____ Language: _____
Religious Preference: _____ Nationality: _____
Salary Requirement: _____/hour/week/year*

B. Position(s) Desired? (rate from 1-3; 1 is the most desired):
_____ Director _____ Administrator _____ Lead Teacher _____ Ass. Teacher _____ Kitchen Mgr.

C. Age Group Preferred? (rate from 1-3; 1 is the most preferred):
_____ Birth-12 Mos. (Infants) _____ 12-24 Mos. (Toddlers) _____ 24-36 Mos. (Twos)
_____ 36-48 Mos. (Threes) _____ 48-66 Mos. (Fours) _____ 66+ Mos. (School-age)
Please rate your level of patience (0 is lowest level; 10 is highest level): _____

D. Days and Times Available for Work (NOTE: A4K opens at 6:00 AM and closes at 6:00 PM at all campuses):
_____ Monday From: _____ AM to: _____ PM
_____ Tuesday From: _____ AM to: _____ PM Available to begin employment at A4K,
_____ Wednesday From: _____ AM to: _____ PM beginning on:
_____ Thursday From: _____ AM to: _____ PM _____
_____ Friday From: _____ AM to: _____ PM

E. Campus desired: _____ Brookville _____ St. Leon _____ West Harrison _____ Batesville

F. Education:
High School: _____ City: _____ State: _____
Highest Grade Completed: _____ Year Graduated: _____ GED Earned: _____
1. College: _____ City: _____ State: _____
Highest Level Completed: _____ Year Graduated: _____ Major/Minor: _____
2. College: _____ City: _____ State: _____
Highest Level Completed: _____ Year Graduated: _____ Major/Minor: _____
3. College: _____ City: _____ State: _____
Highest Level Completed: _____ Year Graduated: _____ Major/Minor: _____

If not currently enrolled in college courses, are you planning to further your education? _____ Yes _____ No
If so, when? _____ Your Major? _____ Your minor? _____
Early Childhood Education Classes Completed (specify courses): _____
Child Development Classes Completed (specify courses): _____
Child Psychology Classes Completed (specify courses): _____
Other Certificates/Licenses/Diplomas Received (be specific): _____

G. Professional Development:
List trainings attended **WITH** certificates of participation (list titles and trainers): _____

List professional and educational organizations to which you belong: _____

H. Background:
Have you ever been convicted of a crime or felony? _____ Yes _____ No
If yes, please explain: _____

I. Employment History (*begin with most recent*):

1. Company Name (*most recent*): _____
Address: _____ City: _____ State: _____
Company Phone: _____ Supervisor Name: _____
Dates of Employment: _____ Position: _____
Salary: _____/hour/week/year* Reason for Leaving: _____
2. Company Name (*2nd most recent*): _____
Address: _____ City: _____ State: _____
Company Phone: _____ Supervisor Name: _____
Dates of Employment: _____ Position: _____
Salary: _____/hour/week/year* Reason for Leaving: _____
3. Company Name (*3rd most recent*): _____
Address: _____ City: _____ State: _____
Company Phone: _____ Supervisor Name: _____
Dates of Employment: _____ Position: _____
Salary: _____/hour/week/year* Reason for Leaving: _____

J. References (*include name, address, phone, relationship—DO NOT include relatives*):

1. Reference Name: _____ Relationship: _____ Phone: _____
Address: _____ City: _____ State: _____
2. Reference Name: _____ Relationship: _____ Phone: _____
Address: _____ City: _____ State: _____
3. Reference Name: _____ Relationship: _____ Phone: _____
Address: _____ City: _____ State: _____

K. Emergency Contacts (*contacts who should be contacted in the event of a medical or occupational emergency*):

In the event of an emergency, All 4 Kids has my permission to call emergency services, if needed: _____ (*initials*)

1. Contact Name: _____ Relationship: _____ Cell Phone: _____
2. Contact Name: _____ Relationship: _____ Cell Phone: _____
3. Contact Name: _____ Relationship: _____ Cell Phone: _____

L. Medical Information:

Physician's Name: _____ Office Phone: _____
Physician's Address: _____ City: _____ State: _____
Hospital Affiliation: _____ Hospital Phone: _____
Hospital Address: _____ City: _____ State: _____
Dentist's Name: _____ Office Phone: _____
Dentist's Address: _____ City: _____ State: _____

M. Confidentiality:

I acknowledge that all information at A4K is to remain confidential at all times. Children, families, co-workers, and management may not be discussed in part or in full outside of A4K at any time via conversation, in writing, or via social media. Failure to comply is cause for immediate dismissal of employment, if offered: _____ (*initials*)

N. Acknowledgment:

I contest that all information provided on this application is true and accurate to the best of my knowledge. I authorize All 4 Kids LLC to inquire about my record of employment and to contact all parties as listed above, as necessary.

Applicant's Name (*please print*): _____
Applicant's Signature: _____ Date: _____

The following items are IN State-mandated prerequisites for employment in a childcare facility. These items will need to be completed ONLY AFTER a position has been offered to you at All 4 Kids LLC.

~ Drug Screening ~ Federal Fingerprinting ~ IN State Child Abuse/Neglect Background Check ~ TB Test ~
~ CPR/First Aid/Universal Precautions/AED Certification ~ Health Screening ~ Ongoing Professional Trainings ~