

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			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 or pleaded nolo contendere (no contest) to a felony or misdemeanor??			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever held a child care license with the Department of Children and Family or been registered to provide child care in your home?					YES <input type="checkbox"/>		NO <input type="checkbox"/>		
While employed in a child care program, have you ever been the subject to disciplinary action or been the party responsible for a child care facility receiving an administrative fine or other disciplinary action?					YES <input type="checkbox"/>		NO <input type="checkbox"/> If yes, please explain.		
Have you ever worked in a facility that has had a license denied, revoked or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility?					YES <input type="checkbox"/>		NO <input type="checkbox"/> If yes, please explain.		
EDUCATION									
High School				Address					
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
College				Address					
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other	Please list any teaching certifications, if applicable.			Address					
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
If applicable, please list any teaching certifications.									
REFERENCES									
<i>Please list professional references.</i>									
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	
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

APPLICANT'S STATEMENT, AUTHORIZATION AND RELEASE	
<p>As an applicant to work in a child care facility, I understand that I must pass a background screening prior to employment with the Guadalupe Center. I also understand that, if working in direct contact with children, I must enroll and begin the 40-hour training within 90 days of my employment unless I can produce verification that I have already attended this training.</p> <p>I certify that the information provided in this Application for Employment is truthful and complete. I authorize the investigation of this information and give permission for the Guadalupe Center, Inc., or their designated representatives to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify the Guadalupe Center, Inc. from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with the Guadalupe Center, Inc. In addition, if I am employed by the Guadalupe Center, Inc., any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination, I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation.</p> <p>I understand that employment with the Guadalupe Center, Inc. is for no guaranteed period of time and may be terminated by myself, the Guadalupe Center, Inc. with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Guadalupe Center, Inc.'s Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between Guadalupe Center, Inc. and me.</p> <p>THE GUADALUPE CENTER, INC.'S STATEMENT The Guadalupe Center, Inc. complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If the Guadalupe Center, Inc. extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening. The Guadalupe Center, Inc. is an equal employment opportunity employer. It is the policy of the Guadalupe Center, Inc. to make employment decisions without regard to race, color, religion, sex, age, national origin disability, sexual orientation, marital status or any other protected category. applicants who are accepted for employment with the Guadalupe Center, Inc. should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed,</p> <p>I certify that my answers are true and complete to the best of my knowledge.</p>	
Signature	Date