



404 Whiskey Rd Ste C
 Isanti, MN 55040
 763-444-5303
 763-444-7051

Application for Employment

PERSONAL INFORMATION

Phone _____ Soc. Sec. No. _____ Email _____

Full Name _____

Street Address _____ Apt# _____

City _____ State _____ Zip Code _____

Are you at least 18 years of age or older? yes no **All applicants must be 18 or older**

Have you ever been convicted of a felony or misdemeanor offense? yes no

If yes, name the felony or misdemeanor, describe the circumstances and provide the date.

Employment Interests

What age groups do you prefer to work with? Infants Toddlers Preschool School age

Position(s) Applying for: _____ Minimum Salary Desired: \$ _____

Position: Full Time Part Time Temporary Seasonal Substitute

What prompted you to apply at *Lit'l Sprouts*? _____

Date you are available to start working _____ Hours desired per week _____

Days and times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Educational Experience

Type of School	Name and Address of School	Did you Graduate?	Degree Granted	Major Subject
High School		(If GED put yes)		
College				
Business, Trade, or Technical School				

Employment History

May we contact your present employer regarding your qualifications and record of employment? yes no

Please list prior employment, starting with your most recent job. Include military and volunteer positions. You may exclude the names of any organizations which indicate any protected status, including but not limited to race, gender, religion, national origin, disability, or sexual orientation.

Employer	Job Title	Start date	End date
City	State	(MM/YY)	(MM/YY)
Supervisor	Telephone	Starting pay	Final Pay
Reason for leaving			

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Please list or attach copies of skills, qualifications, certificates, volunteer work, and interests that relate to childcare on a separate sheet of paper.

References

Please list at least three references, not related to you, whom you have known at least two years and can attest to your interaction with children.

Name	Phone	Relation
Name	Phone	Relation
Name	Phone	Relation

GENERAL QUESTIONS (Optional)

How would you describe your general health?_____

Are there any physical or personal limitations on the type of work you can do with children at the center, or that would affect the amount of time you can spend at work?_____

Is there an age group that you absolutely would not want to work with?_____

Why do you want to work in Child Care?_____

If Hired, what kind of commitment do you expect to be able to give to our organization?_____

If we were to ask your best friend what he/she thought your 5 best qualities are, what would they say?_____

RETURN APPLICATION

Drop off at site or mail application to: Lit'l Sprouts Child Care Center,
Attn: Employment, 404 Whiskey Rd Ste C, Isanti, MN 55040

Application Declaration

I understand that this application and any other *Lit'l Sprouts* documents received during the course of employment do not create an employment contract between *Lit'l Sprouts* and myself. *Lit'l Sprouts* has an employment relationship which is employment at will.

I understand that the first three months of my employment are probationary and if my services have not proved satisfactory, my employment may be discontinued on a week's notice without prejudice. This means an employee may voluntarily leave upon proper 2 weeks written notice. *Lit'l Sprouts* is not required to employ for any set period of time and an associate may be terminated by *Lit'l Sprouts* at any time.

If I am employed by *Lit'l Sprouts*, I agree to keep confidential any and all proprietary or otherwise confidential information relating to *Lit'l Sprouts* business.

Lit'l Sprouts has an employee handbook that includes all of its employee policies. I agree to review the handbook and abide by it as a term and condition of employment. Any violation of the employee policies may result in disciplinary action up to and including termination of employment.

I declare that all statements in this application process are complete, true, and that false or misleading statements may in termination of my employment. In addition, I also authorize *Lit'l Sprouts* to receive any information concerning me which my previous employers and other persons may have.

I agree to allow *Lit'l Sprouts* to contact any references provided by me on this application. I release *Lit'l Sprouts* from any and all liability by reason of contacting references.

I understand that an offer of employment is contingent upon satisfactory results of a background study check.

I am aware that upon employment a background study through DHS licensing will be performed for a fee of \$50, which will be deducted from my 1st paycheck.

This document must be included with your application. By signing, you are agreeing to the terms and conditions of this Declaration.

Applicant's Signature: _____ Date _____

Lit'l Sprouts will maintain this application on file for 6 months, after that time please reapply if interested in position at our center.