



A Non-Profit Organization / A "4" Star Parent Aware Rated Program  
Monday – Friday 5:00 am to 6:00 pm  
Caring for Infants, Toddlers, Preschool, School Age, Pre-Kindergarten classes

## APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last (Send photo to [kidsritinc@iw.net](mailto:kidsritinc@iw.net))  
Address: \_\_\_\_\_ Position Applying For:  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Teacher \_\_\_\_\_  
Phone #s: \_\_\_\_\_ Cell Provider: \_\_\_\_\_ Asst. Teacher \_\_\_\_\_  
S.S #: \_\_\_\_\_ Aide \_\_\_\_\_  
D.L.#: \_\_\_\_\_ \*attach copy\* Cook \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Volunteer \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Wage Desired: \$ \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date Available: \_\_\_\_\_  
Hours Available: M: \_\_\_\_\_, T: \_\_\_\_\_, W: \_\_\_\_\_, TH: \_\_\_\_\_, F: \_\_\_\_\_

### Expectations

Consistence for children, parents, and co-workers is extremely important in a quality program. What are your strengths in the professional area's in relation to attendance, punctuality, consistency, following routines and policy's?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you want the children to get from you as their Teacher? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any courses, volunteer work, hobbies or interests that would relate to this position where you have worked with children from ages 0 to 12 years of age. \_\_\_\_\_

\_\_\_\_\_

### Education Background

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Did you receive a diploma? \_\_\_\_\_ (attach Diploma)

College(s): \_\_\_\_\_ City/State: \_\_\_\_\_

Year/Credits Completed: \_\_\_\_\_ Major: \_\_\_\_\_ (attach Transcripts)

What is your degree? \_\_\_\_\_

Do you have any additional education or certifications? \_\_\_\_\_

Are you Pediatric First Aid & CPR Certified? Yes or No \*attach copy\* Expires every 2 years.

If hired you will be required to attend and complete training, both on site and off site.

Do you agree to attend them? Yes or No

## Health

Date of last physical exam: \_\_\_\_\_

Are you able to lift 20 lbs on a regular basis? \_\_\_\_\_ 50 lbs on an intermittent basis? \_\_\_\_\_

Restrictions for using cleaning or sanitation solutions? \_\_\_\_\_ Gloves? \_\_\_\_\_

If so, will it prevent you from performing our cleaning and sanitation requirements?

How \_\_\_\_\_

Have you any restrictions in hearing? Yes or No Vision? Yes or No Speech? Yes or No

Have you ever been seriously injured? If so, how? \_\_\_\_\_

Will your past injuries affect your required job performance? \_\_\_\_\_

Describe briefly any previous serious illness: \_\_\_\_\_

Are you sick often? Yes or No Will illness affect fulfilling the required hours of this position? Yes or No

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? Yes or No

If you have restrictions, you may be provided a Health Summary form to be completed by your physician on your mobility, ability to lift 20 lbs. up to 50 lbs. and overall health to perform the responsibilities of the job for the health & safety of the children in our care.

## Background Study

Have you had a background study in the last 10 years? \_\_\_\_\_; Date: \_\_\_\_\_ Results: Pass / Supervised

Did you live outside MN in the past 5 years? Where? \_\_\_\_\_

## Employment History

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Hours worked \_\_\_\_\_ May we contact this employer as a reference? \_\_\_\_\_

What will your last supervisor tell me about you and your job performance? \_\_\_\_\_

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Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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**\*\*\* If experienced in any early childhood/child care program put the # of hours worked at each place please.\*\*\***

## Personal / Professional References

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State: \_\_\_\_\_

Relationship: \_\_\_\_\_ # of Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State: \_\_\_\_\_

Relationship: \_\_\_\_\_ # of Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State: \_\_\_\_\_

Relationship: \_\_\_\_\_ # of Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

\*\*\*If hired, with licensing requirements, no person shall be hired or retained as a staff member, paid or volunteer, who is/has:

- a) been convicted of, or admitted to, or been the subject of substantial evidence of an act of child battering, child abuse, or child molestation.
- b) been charged with any criminal violations.
- c) on probation.
- d) used alcohol or drugs such that its effects are apparent during working hours that children are in care.

\*\*I am aware that a background study at the cost of \$42.00 and fingerprinting of \$11.00 will be performed before I can be hired or be left alone with children. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. In the event of my employment with Kids-R-It, I agree to comply with the rules and regulation governing my employment.

In the event I should terminate my employment, I agree to file my resignation, in writing, two weeks, minimum, prior to the date it will be effective.

I understand that the first three months of employment are provisional and if my services have not proved satisfactory, my employment may be discontinued on a week's notice without prejudice.

I understand that by accepting any position at Kids-R-It, I agree to a **Non-Compete policy** where as, upon my resignation, or being terminated, I will not accept employment in the school district nor in the child care field or start a center nor home base child care program, within a 20 mile radius of the center for a period of one year. Nor will I attempt to recruit staff and/or children away from Kids-R-It. I understand that Kids-R-It's attorney will take action if I break the Non-Compete policy.

I will have no negative or defaming outside contact with parents or staff before, during, and after employment. I will not use Kids-R-It paperwork or supplies or any other type of garnish to set up my own business.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_