

## Kids Place, Inc. - Staff Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

### Please read before making application

1. Prior to employment, the state of Tennessee and Kids Place, Inc. require that you:
  - a. complete in full this application for employment;
  - b. have a personal interview with the Executive Director and/or designee;
  - c. provide a minimum of three (3) written statements of reference;
  - d. provide a current record (signed by a physician) of physical examination and a medical statement that your general physical condition will permit you to direct and actively participate in the activities of young children;
  - e. sign a release form authorizing Kids Place, Inc. to authorize a police record check (NCIC);
  - f. provide evidence of fingerprinting according to regulations set by Tennessee Department of Human Services
  - g. provide evidence of a negative drug test;
  - h. receive training in Community CPR & First-Aid; and
  - i. receive required training in New Staff Orientation, Before You Begin, & TNELDS.
  
2. In addition to Section 1, if you are applying to be a site director for Kids Place, Inc. we require that you:
  - a. be at least 21 years of age;
  - b. have a degree in Early Childhood (or related field) or a CDA (Child Development Associate) Credential; and
  - c. 2 years experience working with children.

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Applicant's Name \_\_\_\_\_

Date Hired \_\_\_\_\_ Date Begin Work \_\_\_\_\_

Job Title \_\_\_\_\_

**DATE OF APPLICATION** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Cell \_\_\_\_\_ Work \_\_\_\_\_

Position applied for: Counselor \_\_\_\_\_ Site Director \_\_\_\_\_

**I. BACKGROUND:**

Do you have a mental or physical problem which affects your work? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify \_\_\_\_\_

Do you have a valid Tennessee Driver's License? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a record of any traffic violations? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been arrested or convicted for other offenses? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify \_\_\_\_\_

**II. EDUCATION:**

High School: Circle highest grade completed: 10 11 12 GED

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Name and address of school \_\_\_\_\_

College / Trade / Business School - Circle highest year completed: 1 2 3 4 5 6

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Name and address of school \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

**III. EMPLOYMENT RECORD:** Start with present or most recent position.

1. From \_\_\_\_\_ To \_\_\_\_\_ Employed by \_\_\_\_\_

Title and duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

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

2. From \_\_\_\_\_ To \_\_\_\_\_ Employed by \_\_\_\_\_

Title and duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

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

3. From \_\_\_\_\_ To \_\_\_\_\_ Employed by \_\_\_\_\_

Title and duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

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

Explain any gaps in employment \_\_\_\_\_

Have you ever been fired? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**IV. LIST ALL CHILD RELATED EMPLOYMENT & VOLUNTEER ACTIVITIES**

1. From \_\_\_\_\_ To \_\_\_\_\_ Agency/Group affiliation \_\_\_\_\_

Types of activities you performed \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_ Agency/Group affiliation \_\_\_\_\_

Types of activities you performed \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Please use the back of this form for additional listings of employment & volunteer activities.

**V. ADDITIONAL REFERENCES: List three (3) persons who have knowledge of your job related skills. Do not list relatives or supervisors noted previously.**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby certify that the information given in this Application for Employment is factual to the best of my knowledge. I authorize Kids Place, Inc. to verify any or all facts given in this Application. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency notify / Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL INFORMATION:**

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

# Reference Questionnaire

To \_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

## Confidential

Your name was given as a reference by \_\_\_\_\_ who has applied for the position of \_\_\_\_\_ in the \_\_\_\_\_.

As a condition of employment, any applicant/employee must have on file a record of three (3) non-related reference contacts. Please complete the questionnaire and return it as soon as possible in the enclosed envelope. I will be contacting you to confirm your statements. Thank you for your attention in this matter.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. Have you observed him/her with children? \_\_\_\_\_ If so, in what situations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How do you feel about his/her emotional and physical ability to handle the responsibilities involved in providing daily child care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What particular skills does he/she have in dealing with children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Does he/she understand the needs of young children? \_\_\_\_\_
6. Do you have concerns about his/her ability to provide child care? \_\_\_\_\_ If so, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you know of any conditions making this applicant/employee unsuitable for employment in a child care center? \_\_\_\_\_ If so, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date

**For Office Use Only:** Reference verified: \_\_\_\_\_ Date: \_\_\_\_\_ By whom: \_\_\_\_\_

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From \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date

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Signature

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