

Krambrooke Children's Center Employment Application

Name:			Date:		
Address:		State:	Zip Code:	Phone Number:	
E-Mail Address:			Social Security #:		
Do you possess a valid drivers license? Yes No		In the past ten years have you resided in another state? Yes No			
		List States:			
Have you ever been convicted of an offense other than a minor traffic violation? Yes No					
If yes, please explain:					
Have you ever been convicted of a misdemeanor or felony? Yes No					
If yes, please explain:					
Have you ever been involved in a substantiated complaint of child/adult abuse or neglect? Yes No					
If yes, please explain:					
Have you ever been named as a perpetrator in a child/adult abuse or neglect record? Yes No					
If yes, please explain:					
Are you on a court-supervised probation or parole? Yes No					
If yes, please explain:					
Are you CPR/First Aid Certified? Yes No If yes, what is the date of certification?					
What type of experience do you have working with children?					

Educational Background

High School Attended:		City/State:		Graduate or G.E.D.?	
College:		Degree:		Major:	

Personal References

Name:		Address:		Phone:	
Name:		Address:		Phone:	

Wage Requirement:		Hours and Days Available to Work:			
-------------------	--	-----------------------------------	--	--	--

Experience

Employer	Address	Job Title	Dates	Reason for Leaving

I hereby give you my permission to contact my named employers, references, and educational institutions for verification. I hereby release Krambrooke Children's Center and the above referenced organizations, references, and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all employers. I also understand that because of the nature of this job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the State of Michigan Department of Consumer and Industry Services or other governmental agencies.

I hereby specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers from all claims, liability, and damage that may result from furnishing the information to you.

Signature: _____ Date: _____

I understand that employment is contingent on submitting and passing the following:

> DHS Clearance > TB Test > ICHAT > Physical and Mental Health Appraisal

I understand that all staff are required to complete 24 hours of training each calendar year not including CPR and First Aid. I understand that this training may be at my expense. CPR and First Aid are to be renewed each year at my expense.

"I acknowledge my responsibility and duty to maintain up-to-date training hours per calendar year. I will maintain a minimum of 24 training hours per calendar year, not including CPR and First Aid. In addition, I acknowledge my responsibility and duty to renew my CPR and First Aid certification each calendar year at my own expense. Furthermore, I acknowledge that failure to maintain my annual training is grounds for termination."

Signature: _____ Date: _____

All applicants and employees must be of good moral character as outlined under rule R400.1152 of the Michigan Licensing Rules for Child Care Centers Appendix C.

Failure to meet the good moral character guidelines will result in immediate termination of employment.

"I consent to the good moral character clause and understand that I must maintain good moral standing as outlined in the above stated guidelines. Failure to do so is grounds for termination."

Signature: _____ Date: _____

"I hereby certify that the information provided is true and accurate to the best of my knowledge. I further understand that any dishonest or false answers on this application or in subsequent interview are grounds for or may result in immediate dismissal or termination of employment."

Signature: _____ Date: _____

This application will be kept current for six months. I understand that I will need to complete another application to be reconsidered after this date.

Employment Agreement

In consideration of employment I agree to conform to the rules and regulations of Krambrooke Children's Center. I understand that employment and compensation can be terminated at-will or without cause and with or without notice at any time, at the sole discretion of Krambrooke Children's Center or myself. I agree that no one other than my Director or Supervisor has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. I further agree that no one other than my Director or Supervisor has any authority to make any changes to the Employment Agreement unless in writing and signed by both the Director or Supervisor and myself.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____