

635 Hwy. 15 South Laurel. MS 39443
crestwooddaycare2024@gmail.com
601-345-1661

Application for Employment

Name _____ Telephone _____ DOB _____

Address _____ City _____ State _____ Zip Code _____

Social Security # _____ - _____ - _____

Email Address _____

Position Applying for _____
(Director, Director Designee, Caregiver, Caregiver Assistant, Service Staff, Other)

Education (Document highest level of Education.) Attach a copy of your diploma, GED, CDA, or College transcript.

High School/GED (or highest grade completed) _____

College/University (Grade Classification) _____

Degree held and field of study: _____

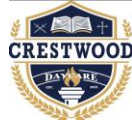
Special training/Certificates: _____

Circle one: Full time Part time

Check what days you are available to work.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

What hours are you available to work?



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Previous Employment/Experience

Name of Employer _____
Supervisor Name _____
Address _____ Phone # _____

Start Date: _____ End Date: _____ Years: _____

Job Title: _____ Job Duties: _____
Reason for Leaving: _____

Name of Employer _____
Supervisor Name _____
Address _____ Phone # _____

Start Date: _____ End Date: _____ Years: _____

Job Title: _____ Job Duties: _____
Reason for Leaving: _____

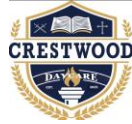
Name of Employer _____
Supervisor Name _____
Address _____ Phone # _____

Start Date: _____ End Date: _____ Years: _____

Job Title: _____ Job Duties: _____
Reason for Leaving: _____

PERSONAL REFERENCES

Name	Telephone #	Relationship



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Have you ever been convicted of a crime? ____ Yes ____ No
Have you lived in another state in the past 5 years? ____ Yes ____ No (If yes, please list states lived in)

Crestwood Daycare has my permission to perform all criminal records checks, a child abuse central registry check, a sex offender registry check, and contact previous employers and all personal references.

Print Name: _____

Signature _____ Date _____

Director: Attach documentation of education, training, and experience. Attach completed criminal record checks and child abuse central check. Attach immunization form 121.

FOR OFFICE USE ONLY:

Rate of Pay: _____

Date of Employment: _____

Date of Orientation: _____

Date of Separation: _____

Reason for leaving: _____