



As of 9-15-17

Nikki's Christian Daycare & Learning Center, Inc.

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14900 Cloverdale Road • Woodbridge, Virginia 22193-1614

Telephone: 703-897-6232/6233 • Fax: 703-897-6234

Employment Application Form

Date of Hire: _____	Date Available: _____
Position: _____	Salary: \$ _____ Hourly / Salary

Position Applied For: _____ Date Available: _____

Full Time Part- Time Hours Available to Work: _____ Desired Salary: \$ _____

Personal Information

Full Name: _____

Last *First* *Middle*

DOB: _____ Social Security Number: _____ - _____ - _____

Month/Day/Year

Address: _____

House / Apt # *Street* *City* *State* *Zip Code*

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Best time to contact you? _____ Email Address: _____

Are you 18 years or older? Yes No If no, please state your age: _____

Are you a citizen or national of the United States? Yes No

If no, are you a lawful permanent resident? Yes No

If no, are you an alien authorized to work until a specified date? Yes No if yes, specify date: _____

Do you have any health or medical conditions which might interfere with fulfilling the responsibilities of the position for which you are applying? Yes No If so, please explain in detail.

Have you ever been convicted of a felony, barrier crime or subject of a founded Child Protective Service complaint? Yes No

Employment requires Criminal Background Clearances. Is this acceptable to you? Yes No

In case of Emergency please notify:

Name: _____
Print Full Name (Last, First) *Relationship*

Address: _____
House / Apt # *Street* *City* *State* *Zip Code*

Home Telephone: (____)____ - ____ Cell Telephone: (____)____ - ____

Disclosure: Before driving a vehicle to transport children, I realize that I am required to disclose any moving violation(s) that occurred five years prior to or during employment or assignment as a driver.

Signature of Applicant

Date

Education and Training:

1. Name and location of High School: _____

Highest grade completed: _____ Date of Graduation: _____ Date GED completed: _____

2. Name and location of College/University: _____

Dates Attended: _____ Number of Years Completed: _____ Number of Credits Earned: _____

Degree(s) Earned: _____

3. Additional training or certificates that would be helpful in evaluating your application:

Experience:

1. Position: _____ Dates From: _____ to _____

Employer: _____ Full time Part-time

Address: _____

Job Duties: _____

Phone: (____)____ - ____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? Yes No

Salary/Wages: From \$ _____ to \$ _____

2. Position: _____ Dates From: _____ to _____

Employer: _____ Full time Part-time

Address: _____

Job Duties: _____

Phone: (____) _____ - _____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? Yes No

Salary/Wages: From \$ _____ to \$ _____

3. Position: _____ Dates From: _____ to _____

Employer: _____ Full time Part-time

Address: _____

Job Duties: _____

Phone: (____) _____ - _____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? Yes No

Salary/Wages: From \$ _____ to \$ _____

4. Position: _____ Dates From: _____ to _____

Employer: _____ Full time Part-time

Address: _____

Job Duties: _____

Phone: (____) _____ - _____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? Yes No

Salary/Wages: From \$ _____ to \$ _____

5. Position: _____ Dates From: _____ to _____

Employer: _____ Full time Part-time

Address: _____

Job Duties: _____

Phone: (____) _____ - _____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? Yes No

Salary/Wages: From \$ _____ to \$ _____

References:

Name: _____ Relationship: _____
Last First

Company: _____ Title: _____

Phone: _____
Home Work Cell

To be filled by office personnel only: TELEPHONE REFERENCE CHECK

Date of Contact: _____ Person who obtained reference: _____ Date: _____

Reference Comments: _____

Name: _____ Relationship: _____
Last First

Company: _____ Title: _____

Phone: _____
Home Work Cell

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Reference Comments: _____

Name: _____ Relationship: _____
Last First

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