



# EMPLOYMENT APPLICATION

It is the policy of Doodle Bugs! to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, national origin, age, sex, familial status, sexual orientation, gender identity, disability status, veteran status or genetic information.

## PART 1 – PERSONAL INFORMATION

FULL NAME	DATE OF APPLICATION
-----------	---------------------

EMAIL ADDRESS	SS# (LAST 4) _____
---------------	-----------------------

### Present Address:

STREET		
--------	--	--

CITY	STATE	ZIP CODE
------	-------	----------

PHONE #	CELL #
---------	--------

### Permanent Address (if different from Present Address):

STREET		
--------	--	--

CITY	STATE	ZIP CODE
------	-------	----------

PHONE #
---------

Are you legally employable within the united states at the present time?  Yes  No

Have you ever applied to this organization for a job before?  Yes (Date \_\_\_/\_\_\_/\_\_\_)  No

Were you ever employed by this organization?  Yes (Date \_\_\_/\_\_\_/\_\_\_)  No

What brought you to this organization? (Check one):

- Newspaper Ad     Employment/State Agency     Craigslist  
 School     Employment Website     Friend/Employee (please provide name \_\_\_\_\_)

Desired position \_\_\_\_\_

Secondary position (If the desired position is not available, would you consider another position? If so, please list.)  
\_\_\_\_\_

Desired salary \_\_\_\_\_ Earliest start date \_\_\_\_\_

Are you interested in:

- Full-time employment     Part-time employment     Summer employment

We are open Monday – Friday, from 6:30am to 6:30pm. Please indicate the days and times which you are available to work:  
\_\_\_\_\_

Are you currently on “lay-off” status and subject to recall?  Yes  No

Happy Children! Happy Parents! Happy Teachers!

## PART 2 - WORK EXPERIENCE

Please account for all employment since high school or last ten years, whichever is less, with most recent experience first.

1) From \_\_\_\_\_ to \_\_\_\_\_ (Dates)

EMPLOYER	PHONE NUMBER
ADDRESS	
SUPERVISOR'S NAME & TITLE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES	
REASON FOR LEAVING	

2) From \_\_\_\_\_ to \_\_\_\_\_ (Dates)

EMPLOYER	PHONE NUMBER
ADDRESS	
SUPERVISOR'S NAME & TITLE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES	
REASON FOR LEAVING	

3) From \_\_\_\_\_ to \_\_\_\_\_ (Dates)

EMPLOYER	PHONE NUMBER
ADDRESS	
SUPERVISOR'S NAME & TITLE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES	
REASON FOR LEAVING	

Account for all unemployment since leaving school and between positions for the last ten years.

From \_\_\_\_\_ to \_\_\_\_\_ (Dates) Reason for unemployment: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ (Dates) Reason for unemployment: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ (Dates) Reason for unemployment: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ (Dates) Reason for unemployment: \_\_\_\_\_

## PART 3 - EDUCATION BACKGROUND

### High School:

NAME & ADDRESS

DID YOU GRADUATE?

Yes

No

IF YES, STATE MAJOR, IF ANY

### College/Technical School/Business School:

NAME & ADDRESS

MAJOR

MINOR

DID YOU GRADUATE?

Yes

No

IF YES, STATE DEGREE

Are you still in school?  Yes  No

If yes, which courses are you presently taking? \_\_\_\_\_

Professional licensure/certifications (include CPR/first aid): \_\_\_\_\_

Describe any special skills that are relevant to the position for which you are applying: \_\_\_\_\_

## PART 4 - REFERENCES

Give the name, address, and telephone number of three references we can contact.

1) .....

NAME

PHONE NUMBER

ADDRESS

2) .....

NAME

PHONE NUMBER

ADDRESS

3) .....

NAME

PHONE NUMBER

ADDRESS

Happy Children! Happy Parents! Happy Teachers!

## PART 5 - QUESTIONNAIRE

There are no right or wrong answers to the following questions. Rather, we are interested in you, and want to be sure that our job requirements and your skills and interests fit together. Please answer each set of questions according to the instructions.

### 1) Please complete the following sentences:

Teachers need \_\_\_\_\_

A child feels happy when \_\_\_\_\_

Children are wonderful, and \_\_\_\_\_

In talking to parents, you should \_\_\_\_\_

### 2) Please answer the following questions:

What role should parents play in a child care program? \_\_\_\_\_

How do you feel about parents who work and leave their children in daycare? \_\_\_\_\_

### 3) Please circle the number that best describes your feelings:

	NEVER			SOMETIMES				ALWAYS		
Are you conscious of your strengths & weaknesses?	1	2	3	4	5	6	7	8	9	10
Are you confident?	1	2	3	4	5	6	7	8	9	10
Do you have a sense of humor when things go wrong?	1	2	3	4	5	6	7	8	9	10
Are you flexible in the workplace?	1	2	3	4	5	6	7	8	9	10
Are you organized?	1	2	3	4	5	6	7	8	9	10
Do you take responsibility for your own actions?	1	2	3	4	5	6	7	8	9	10
Do you enjoy working with a team to get the job done?	1	2	3	4	5	6	7	8	9	10
Do you maintain honesty & integrity in your life?	1	2	3	4	5	6	7	8	9	10
Do you take initiative in your life?	1	2	3	4	5	6	7	8	9	10
Do you try to anticipate parents & children's needs?	1	2	3	4	5	6	7	8	9	10
Do you communicate effectively?	1	2	3	4	5	6	7	8	9	10
Can you problem solve without reacting emotionally?	1	2	3	4	5	6	7	8	9	10
Do you remain positive in a negative situation?	1	2	3	4	5	6	7	8	9	10
Do you guide & inspire others in the workplace?	1	2	3	4	5	6	7	8	9	10
Are you creative?	1	2	3	4	5	6	7	8	9	10
Are you dependable?	1	2	3	4	5	6	7	8	9	10

**Happy Children! Happy Parents! Happy Teachers!**

