

# Application for Employment

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_  
(Director, Assistant Director, Secretary, Caregiver, Caregiver Assistant, Service Staff, Driver, Maintenance, Other)

## EDUCATION

High School	Graduated*		Diploma	Date Received
	Yes ___ No ___	Yes ___ No ___		
* If no, circle the highest grade you completed: 6 7 8 9 10 11 12 GED Yes ___ No ___				
College	Field	Hours Completed	Degree	Year Graduated

Special training or professional certificates that you may have attained (CDA, OCY Directors Credentials, etc.) \_\_\_\_\_

## PREVIOUS EMPLOYMENT EXPERIENCE

Name of Employer:	Employed:	Reasons for Leaving:
Address:	From: To:	Job Title:
City:	Describe your duties:	
State: Zip:		
Supervisor:	Telephone:	May we contact this employer? Yes ___ No ___
Name of Employer:	Employed:	Reasons for Leaving:
Address:	From: To:	Job Title:
City:	Describe your duties:	
State: Zip:		
Supervisor:	Telephone:	May we contact this employer? Yes ___ No ___

## PERSONAL REFERENCES

Please provide three (3) personal references other than those listed above:

Name:	Name:	Name:
Address:	Address:	Address:
Telephone:	Telephone:	Telephone:
Relationship:	Relationship:	Relationship:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

I understand if I am selected for this position, I will be subject to a police Background Check (Fingerprinting) and a Child Abuse Registry Check and that my records must pass the requirements enforced for Child Care Facility employees by the Mississippi State Department of Health. I also understand that I must provide a Certificate of Immunization Form 121 prior to beginning my employment. I do understand that I must submit documentation supporting my qualifications for the position listed on this application as outlined in the *Regulations Governing Licensure of Child Care Facilities* and described to me by the interviewer.

I understand that by signing below I give permission to \_\_\_\_\_ to perform all criminal records checks, a Child Abuse Registry check, previous employment checks and personal reference checks, and any other checks required for employment by \_\_\_\_\_ and the Mississippi State Department of Health.

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

**DO NOT WRITE BELOW THIS AREA**  
**REFERENCE CHECKS**  
*Prior Employment*

Person Contacted:	Person Contacted:	Person Contacted:
Date Contacted:	Date Contacted:	Date Contacted:
Telephone:	Telephone:	Telephone:
Positive Reference ___ Negative Reference ___	Positive Reference ___ Negative Reference ___	Positive Reference ___ Negative Reference ___
Comments:	Comments:	Comments:

**FOR OFFICE USE ONLY**

Reference Checks Completed Yes \_\_\_ No \_\_\_ Date Completed \_\_\_\_\_

Certificate of Immunization Form 121 Yes \_\_\_ No \_\_\_ Date Received \_\_\_\_\_

Documentation of Required Education Yes \_\_\_ No \_\_\_ Date Received \_\_\_\_\_

Documentation of Director Qualification Yes \_\_\_ No \_\_\_ Date Received \_\_\_\_\_

Fingerprinting Yes \_\_\_ No \_\_\_ Date Completed by Employee \_\_\_\_\_

Date Submitted to MSDH \_\_\_\_\_ Date Approval Letter Received from MSDH \_\_\_\_\_

Child Abuse Central Registry Yes \_\_\_ No \_\_\_ Date Completed by Employee \_\_\_\_\_

Date Submitted to MDHS \_\_\_\_\_ Date Approval Received \_\_\_\_\_

Date of Employment \_\_\_\_\_ Date of Orientation \_\_\_\_\_

Date of Separation \_\_\_\_\_ Reason for separation from employment \_\_\_\_\_