



Evans Early Childhood Center LLC

313 Linda Street | Fort Morgan, CO | 80701
www.evansearlychildhood.wix.com/site
evansearlychildhood@gmail.com

EMPLOYMENT APPLICATION FORM

Applicant Information

Full Name: _____ Date: _____

Address: _____
Street Address City State/Zip

Home Phone: _____ Email: _____

Cell Phone: _____ Are you a citizen of the US or authorized to work in the US? Yes No

Preliminary Background Check Information and Training

Previous names used: _____

Date of Birth: ____/____/____ SSN: ____-____-____ Have you ever been convicted of a felony? Yes No

Upon offer of employment you will be required to obtain a full background check. After employment you are required to obtain training certifications. These are initially paid for by the employee, after six months, employees in good standing are reimbursed a portion of the cost. Are you willing to obtain the necessary paperwork for employment at these estimated costs?

Background investigation \$53.00 Y N On File Professional Development Ladder \$10 Y N On File

Food handlers card \$5-\$10 Y N On File Entry Level Child Care Training \$20 Y N On File

CPR/First Aid Training \$40-\$75 Y N On File Additional classes as mandated by the state? Yes No

Availability and Compensation

Date Available: _____ Position Applied for: _____ Desired Salary: _____

Availability: F/Time P/Time Preferred age group: Infants Toddlers Preschool

Can you regularly lift 20-50 lbs? Yes No Can you actively play with children without accommodation? Yes No

List any scheduling restrictions that prevent you from working between 7am and 6pm

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Education

High School: _____ Have you graduated? Y N Year of graduation: _____

College: _____ City/State: _____

Did you graduate? Y N Attended From: _____ To: _____ Degree: _____

Other: _____ City/State: _____

Did you graduate? Y N Attended From: _____ To: _____ Degree: _____

References

References – must not be related to applicant

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Activities

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Military Service

Branch: ☐ USAF ☐ USN ☐ USA ☐ USMC ☐ USCG From/to: _____

Rank at discharge: _____

Type of Discharge: _____

Other than honorable please explain: _____

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Previous Employment Starting With Most Recent Employer

Company Name: _____ City/State: _____

Supervisor Name: _____ Phone number: (____) _____ - _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for leaving: _____

Company Name: _____ City/State: _____

Supervisor Name: _____ Phone number: (____) _____ - _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for leaving: _____

Company Name: _____ City/State: _____

Supervisor Name: _____ Phone number: (____) _____ - _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for leaving: _____

Company Name: _____ City/State: _____

Supervisor Name: _____ Phone number: (____) _____ - _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for leaving: _____

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Disclaimer and Signature

It is the policy of Evans Early Childhood Center LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause.

INITIALS _____ I am affixing my initials to indicate that Evans Early Childhood Center LLC is authorized to contact my references, educational organizations, and any employers of mine regarding my employment and education. I also authorize these entities to fully and freely communicate information regarding my previous employment, attendance, and grades.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Signature: _____ Date: _____

Printed Name: _____

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