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## Employment Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Apartment/Unit #*

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

Phone: (      )      Email: \_\_\_\_\_

Date Available to Work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      SSN#: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Desired Hourly Wage: \$ \_\_\_\_\_ . \_\_\_\_\_

Are you a citizen of the United States?	Yes	No
Have you ever worked for this Company?	Yes	No
Have you ever been convicted of a felony?	Yes	No
Are you registered with the Missouri Family Safety Care Website (background checks)?	Yes	No
Are you infant and child CPR/First Aid Certified?	Yes	No
Have you served in the United States Military?	Yes	No
Are you 18 or older?	Yes	No

What ages do you feel you would work best with?

*Infant      Toddler      Two      Three      Four      Five*

### Previous Employment

Company: \_\_\_\_\_ Phone: (      )

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Hourly Wage: \$ \_\_\_\_\_ . \_\_\_\_\_

Ending Hourly Wage: \$ \_\_\_\_\_ . \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason for Leaving: \_\_\_\_\_

Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors Name: \_\_\_\_\_ May we Contact Supervisor?    Yes    No

Company: \_\_\_\_\_ Phone: (       )

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Hourly Wage: \$ \_\_\_\_\_ . \_\_\_\_\_  
Ending Hourly Wage: \$ \_\_\_\_\_ . \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason for Leaving: \_\_\_\_\_

Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors Name: \_\_\_\_\_ May we Contact Supervisor? Yes No

### Education

High School: \_\_\_\_\_ Did you Graduate? Yes No

Address: \_\_\_\_\_ Area of Study: \_\_\_\_\_

College: \_\_\_\_\_ Did you Graduate? Yes No

Address: \_\_\_\_\_ Area of Study: \_\_\_\_\_

College: \_\_\_\_\_ Did you Graduate? Yes No

Address: \_\_\_\_\_ Area of Study: \_\_\_\_\_

### References

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (       )

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (       )

By signing this application, I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

\_\_\_\_\_  
*Signature*

### Office Only

MOPID#: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ . \_\_\_\_\_ Hire Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Classroom: \_\_\_\_\_ Full Time Part Time Substitute (Circle One)