

Application for Mother's Helper Child Care & Services

An Equal Opportunity Employer

Personal Information:

Name (Last Name, First Name, Middle Initial):	Phone Number:
Address:	City, State, and Zip Code:
Email Address:	Referred By/ How did you hear about us?

Time Availability:

☐ Part-Time ☐ Full-Time ☐ Other: _____

Date to Start:	Wage Request:
Employment Position Desired:	Previously/Presently Employed? If yes, may we contact your employer?
OCCRA Number:	Do you have a valid driver's license?

Education History:

Name and Location	Years Attended and Graduation Year
High School:	
College:	
Trade/Other:	

Work History (Past 4 years):

Date Month & Year	Name & Address of Employer	Position Held	Reason for Leaving

**References (No family members and someone who has known you for 1+ years):
Must have a minimum of 2**

Name	Company	Contact Information Phone & Email	Address	Years Known

Criminal Convictions:

Have you ever been convicted of a felony?*

*(note a conviction will not automatically disqualify you for employment. Each case will be individually considered based upon child care licensing requirements.)

Circle one: **Yes** **No**

If yes, explain:

Authorization:

I certify, the facts contained in this application are true and complete to the best of my knowledge, and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize all statements, contain herein and the references and employers listed above to give you any and all information concerning my previous employment , and any pertinent information that may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for eight specified period of time or to make any agreement contrary to before going unless it is in writing the sign by an authorized company representative This waiver does not permit the release or do use of disability related or medical information in a manner prohibited by Americans disability act (ADA) and other relevant federal and state laws.

Date:

Initials:

Signature:
