

Little Friends Learning Center Employment Application



Equal employment opportunity: LFLC will hire people who are qualified to work in childcare according to the State of Wisconsin rules and regulations. We will hire people regardless of age, race, color, religion, handicap, gender, physical condition, developmental disability, or sexual orientation.

Position Applied for _____ Date of Interview _____

Full Name _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Social Security # _____ Date Available to Start _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you legally allowed to work in the U.S.? Yes No

Type of employment desired Full Time Part Time Salary Requirement _____

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No

If yes, give dates and details _____

EDUCATION HISTORY

Name and Location of High School _____

Did you graduate? Yes No

Name and Location of College _____

Did you graduate? Yes No With a degree in _____

List courses of study or training completed in Early Childhood Education, Child Development, and/or Elementary Education _____

Are you trained in CPR/AED? Yes No If yes, when does it expire? _____

Do you have a State of WI Registry Certificate? Yes No Registry Level? _____

How were you referred to us?

PREVIOUS EMPLOYMENT (Begin with the most recent position you have held)

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Date of Employment: From ___/___/___ to ___/___/___

Company Name_____

Address_____

Phone Number_____ Supervisor_____

Responsibilities_____

Starting Salary & Title_____ Ending Salary & Title_____

Reason for Leaving? _____

May we contact this employer for a reference? Yes No

Date of Employment: From ___/___/___ to ___/___/___

Company Name_____

Address_____

Phone Number_____ Supervisor_____

Responsibilities_____

Starting Salary & Title_____ Ending Salary & Title_____

Reason for Leaving? _____

May we contact this employer for a reference? Yes No

CHARACTER REFERENCES

Name_____ Relationship_____

Phone Number_____

Name_____ Relationship_____

Phone Number_____

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Please finish the sentences below with the first thought that comes to mind.

1. Children are
2. Things I love about children are
3. The activities I most enjoy doing with children are
4. These are some things that make me angry
5. My special gifts working with children are
6. What does work as a part of a team mean to you
7. Parents are
8. Supervisors should
9. Do you know what Young Star is?
10. If I could change one thing about being a teacher, it would be
11. My favorite children's book is
12. What would your references say about you?

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13.Children learn best when

14.Young children should be disciplined by the following means

15.An ideal classroom should sound

16.What is your favorite age group to work with?

“I certify that 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 investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability from any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws.”

Signature of Applicant

Date

BACKGROUND CHECK REQUEST

This form is required to request a background check under the provisions of Wis. Stat. § 48.686 and Wis. Admin. Code § DCF 13.03 for licensure, certification, employment or residency at a child care center. Failure to complete this form may result in a delay processing your application, adding a household member, or determining eligibility for employment.

Providing your social security number is voluntary. However, not providing it could delay the background check process. The personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.

SECTION A – INDIVIDUAL’S DETAILS *Asterisked items are required fields.

*First Name		Middle Name	*Last Name	
Alias Names (Including Maiden Name)			Email Address	
*Primary Phone Number	*Primary Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Secondary Phone Number	Secondary Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Social Security Number	*Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		*Birth Date (mm/dd/yyyy)	

Race

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Unknown
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other – More Than One Category	

*Language

<input type="checkbox"/> Albanian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Greek	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Arabic	<input type="checkbox"/> English	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other –	<input type="checkbox"/> Swedish
<input type="checkbox"/> Bosnian / Croatian / Serbian	<input type="checkbox"/> Farsi	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Thai
<input type="checkbox"/> Burmese	<input type="checkbox"/> French	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> German	<input type="checkbox"/> Laotian	<input type="checkbox"/> Somali	<input type="checkbox"/> Vietnamese

*Check the role that best applies to you:

<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> Facilities Staff	<input type="checkbox"/> Minor Employee (under age 18)	<input type="checkbox"/> Student Teacher
<input type="checkbox"/> Administrator	<input type="checkbox"/> Household Member (18 or older)	<input type="checkbox"/> Other Caregiver	<input type="checkbox"/> Teacher – Assistant
<input type="checkbox"/> Applicant / Licensee	<input type="checkbox"/> Household Member (under age 18)	<input type="checkbox"/> Other Non-caregiver	<input type="checkbox"/> Teacher – Lead
<input type="checkbox"/> Director	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Provider	<input type="checkbox"/> Teacher – Substitute
<input type="checkbox"/> Director – Assistant	<input type="checkbox"/> Kitchen Staff	<input type="checkbox"/> Site Supervisor	<input type="checkbox"/> Trainer
		<input type="checkbox"/> Student Intern	<input type="checkbox"/> Volunteer

*Physical Home Address

Address	City	County / Tribe	State	Zip Code
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*Mailing Address Check here if same as physical address. **NOTE:** Confidential information will be sent to this address.

Address	City	County / Tribe	State	Zip Code
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List the name and address of the agency or program to receive background check eligibility information—for example, child care center, potential employer, licensing or certifying agency, higher education institution, etc. (optional)

SECTION B – BACKGROUND INFORMATION	YES	NO
<p>1. Have you been discharged in the last three years from a branch of the U.S. Armed Forces, including reserves duty?</p> <p>➤ If yes, indicate the year of discharge in the space below and attach a copy of your DD 214 – Certificate of Release or Discharge from Active Duty or other discharge papers.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Do you currently reside outside of, or have you in the last five years resided outside of, Wisconsin?</p> <p>➤ If yes, list each state including counties and the dates you lived there. If you lived outside the US, list the city, country and dates. Attach a separate page if necessary.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families, a county department, a private child placing agency, school board, or tribe?</p> <p>➤ If yes, provide all of the following information and attach a copy of the review decision. Attach additional pages if necessary.</p> <ul style="list-style-type: none"> • Date of the rehabilitation review • Result of the review • Agency that conducted the review 	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Do you have any pending criminal charges, or were you convicted of any crime? Include all offenses in federal, state, county, local, military, and tribal courts.</p> <p>➤ If yes, provide all of the following information for each conviction or pending charge:</p> <ul style="list-style-type: none"> • Description of the conviction or charge • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Date of the arrest or conviction if applicable • Location of the court (city and state) • Type of jurisdiction (federal, state, county, local, military or tribal) <p>Note: You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Were you ever adjudicated delinquent by a court of law or tribal court when you were aged 10 to 17 years old? Include all offenses in federal, state, county, local, military, and tribal courts.</p> <p>➤ If yes, provide all of the following information for each offense:</p> <ul style="list-style-type: none"> • Description of the crime or offense • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Location of the court (city and state) <p>Note: You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Are you currently, or have you ever been, required to be registered on a national, state, or tribal sex offender registry?</p> <p>➤ If yes, provide all of the following information:</p> <ul style="list-style-type: none"> • Location of the registry • Reason for registration • Length of time required to be registered 	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B – BACKGROUND INFORMATION (continued)	YES	NO
<p>7. Are you currently the subject of an investigation or has there ever been a finding against you for abuse, neglect or misappropriation (theft) of property of a child, adult, or elderly person?</p> <p>➤ If yes, provide all of the following information for each incident:</p> <ul style="list-style-type: none"> • Explanation of the incident • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Name of the agency that is conducting the investigation or has made the finding 	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Do you have a government issued credential or license that is not current or is limited as to restrict you from providing care to clients? Examples of credentials or licenses include foster care, nurse, teacher, real estate, child care license, or certification.</p> <p>➤ If yes, provide all of the following information for each limitation or restriction:</p> <ul style="list-style-type: none"> • Credential name • Explanation of the situation • Limitations or restrictions placed on the credential • Time period of the limitations or restrictions 	<input type="checkbox"/>	<input type="checkbox"/>

Note: A “NO” answer to all questions in Section B does not guarantee eligibility for employment, residency, or regulatory approval.

SECTION C – SIGNATURE INFORMATION

1. Sign Here If You Are Completing This Form on Behalf of Another Person

I understand that by signing below, to the extent I am providing this information about someone else, I am certifying that I have made a complete and diligent inquiry regarding the truthfulness and completeness of this statement and I believe this information to be accurate. I understand that by knowingly providing false information or omitting information I may be subject to forfeitures and other sanctions as provided by law.

Print Full Name

Signature

Date Signed

2. Sign Here If You Are Completing This Form for Yourself

I understand that by signing below I am attesting, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in me not being eligible to hold a license or certificate to operate, reside at or be employed at a child care center, and that I may be subject to forfeitures and other sanctions as provided by law.

Print Full Name

Signature

Date Signed

STAFF RECORD – CHILD CARE CENTERS

Use of form: Use of this form is **mandatory for Family Child Care Centers** to comply with DCF 250.05(2) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Use of this form is **voluntary for Group Child Care Centers and Day Camps**; however, completion of this form will ensure compliance with DCF 251.05(2)(a) and DCF 252.42(1). Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

Instructions – Employee: The staff person / employee shall complete and sign Section A and attach any documentation including transcripts, certificates, credentials, or A Registry certificate.

Instructions – Employer: At time of hire, the licensee shall enter the position title, date began work, and employee duties information in Section B. The completed form and any supporting documentation shall be placed in the staff file. If any changes to the employee's job position (promotions, demotions) go into effect, the licensee shall record them in Section B.

SECTION A – EMPLOYEE (To be completed by staff person / employee.)

I. Contact Information

Name		Birthdate (mm/dd/yyyy)
Address – (Street, City, State, Zip Code)		Telephone Number – Home or Cell
Emergency Contact(s)		
Name	Address	Telephone Number
a.		
b.		

II. Education (Attach proof of qualification for position held)

Yes No High school diploma If "Yes", date received: _____ Name of High School: _____

Yes No GED If "Yes", date received: _____ Name of Issuing Agency: _____

Entry Level Qualifications (attach additional pages if necessary)

Name – Post High School, College, University, Technical College	Dates Attended	Major	Degree, Diploma, Credential
a.	–		
b.	–		
c.	–		

Additional Early Childhood Training (attach additional pages if necessary)

Course Titles	Name – Sponsor / Trainer	Date – Course Completed	Number of Hours
a.			
b.			
c.			

III. Early Childhood Related Work Experience (List most recent employer first)

a. Employer Name	Address – (Street, City, State, Zip Code)	Telephone Number
Position Title	Position Duties	
No. of Days Per Week Worked	Reason for Leaving	Dates Employed (mm/dd/yyyy)
		–

III. Early Childhood Related Work Experience (continued)

b. Employer Name		Address – (Street, City, State, Zip Code)	Telephone Number
Position Title		Position Duties	
No. of Days Per Week Worked	Reason for Leaving		Dates Employed (mm/dd/yyyy) –
c. Employer Name		Address – (Street, City, State, Zip Code)	Telephone Number
Position Title		Position Duties	
No. of Days Per Week Worked	Reason for Leaving		Dates Employed (mm/dd/yyyy) –

IV. Affirmation

Yes No Have you had a child care license or certification revoked or denied? If “Yes,” provide the date and the name and phone number of the licensing or certification agency.

I attest that the above information is complete and accurate to the best of my knowledge.

SIGNATURE – Staff Person

Date Signed

SECTION B – EMPLOYER (To be completed by licensee.) **Note:** Background check preliminary eligibility approval from DCF must be on file before employees may begin working under supervision. A licensee may not hire an employee within 2 years from the date an individual had a child care license revoked or denied.

I. Position Information at Hire

Position Title At Hire	Date – Began Work (mm/dd/yyyy)
<input type="checkbox"/> Yes <input type="checkbox"/> No Will this person provide care for infants and toddlers? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this person transport children in care? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this person be counted in staff-to-child ratios?	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)

II. Changes to Position Status (e.g., part-time to full-time, promotions, etc.)

a. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date
b. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date
c. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date
d. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date