

Fingerprints Child Development Center

7800 Holdrege Street Lincoln, NE 68505 Phone (402) 467-4503 Fax (402) 467-6288

Application for Employment

PERSONAL	Last Name	First Name	Middle Name	Date of Birth
	Maiden Name/Other Names:			
	Street Address			Social Security No.
	City, State, Zip			
	Home Phone ()	Cell Phone ()		Pay Expected
	Email Address			Driver's License No. <small>(Required for State Patrol Criminal Report)</small>
	Position Desired			Date Available to Begin Work?
	Are you legally eligible for employment in the United States? Yes No			Today's Date

Hours of Availability: Full-Time: Yes No
 Part-Time: Yes No _____ Days available

EDUCATION	SCHOOL	NAME OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DIPLOMA OR DEGREE
	High School				
	College				
	Other (Specify)				

MEMBERSHIP IN PROFESSIONAL OR COMMUNITY ORGANIZATIONS			
Are you a member of Capitol City Christian Church? Yes No If yes, what service do you attend? 9:00 9:45 11:00			
If no, do you presently attend a church? Yes No Where? _____			
Please describe your involvement at the church. _____ _____			
My membership in other professional or community organizations includes: _____			
Are you CPR & First Aid Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Certifications/Specialized Training: _____ _____ _____			

PROFESSIONAL ACHIEVEMENTS, HONORS, AND AWARDS

EMPLOYMENT RECORD
Please list present and past employment (full-time and part-time) beginning with the most recent.

Organization	Telephone
Street Address City State Zip	Employed (give month and year) From To
Name of Supervisor	Salary
Job Title	Reason for Leaving

Organization	Telephone
Street Address City State Zip	Employed (give month and year) From To
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Three references that are not family members and do not live with you.

1. Name _____ Phone _____
 Address _____ Relationship _____

2. Name _____ Phone _____
 Address _____ Relationship _____

3. Name _____ Phone _____

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give you any information they may have regarding my character and fitness for work at Fingerprints Child Development Center. I understand that the personal information will be help confidential by Fingerprint's professional staff. Per DHHS Child Licensure Regulations, applicant's names must be submitted to background checks through DHHS Child & Adult Abuse & Neglect Registry and Nebraska State Patrol Criminal History Report. I understand in order to be considered for a position at Fingerprints Child Development Center that my name will be submitted to those agencies.

Signature of Applicant