

# Fingerprints Child Development Center

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

## Application for Employment

|                 |   |                      |             |  |
|-----------------|---|----------------------|-------------|--|
| <b>PERSONAL</b> | Last Name   | First Name           | Middle Name | Date of Birth  |
|                 | Street Address  |                      |             | Social Security No.  |
|                 | City, State, Zip  |                      |             |  |
|                 | Home Phone<br>(    )  | Cell Phone<br>(    ) |             | Pay Expected   |
|                 | Email Address   |                      |             | Driver's License No.<br><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) |                |                 |                        |                   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>MEMBERSHIP IN PROFESSIONAL OR COMMUNITY ORGANIZATIONS</b>  |  |  |  |  |  |
| 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?<br>_____  |  |  |  |  |  |
| Please describe your involvement at the church. _____<br>_____  |  |  |  |  |  |
| My membership in other professional or community organizations includes:<br>_____   |  |  |  |  |  |
| Are you CPR & First Aid Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |  |  |  |  |  |
| Other Certifications/Specialized Training: _____<br>_____   |  |  |  |  |  |





### **Tips to Completing the Release of Information Form\***

As noted on the form, this is a requirement of Nebraska Child Care Regulations. It is extremely important that this form be filled out correctly. Failure to do so will result in multiple delays. The following tips will assist you in the correct completion of the release form. Please do not hesitate to ask questions!

#### Center Information:

- The center director will complete the top of the form. Including information about employment and interview dates, facility name, address and phone.

#### Personal Information:

- Be sure to “print” your name where indicated.
- Under “Other Names” you must write in “None” if this *does not* apply to you.
- For date of birth make sure to include the correct year. It is a common mistake in writing --/--/05. We know that you are not 1 or 100 years old 😊
- Your signature gives NHSS permission to release this information. So remember to sign!
- In completing the section on addresses only include the street number and name if it is a Nebraska address. If you are filling in out-of-state locations you only need to name the city and state.
- Under the section asking for “Full Names of Children” list *your own children* if you have any. You only need to list siblings if you were a care provider for a sibling. If none of this applies to you then write “None”

We greatly appreciate your attention to the details.

