



314 North 16th Ave, Bozeman MT 59715

406.586.3700 www.ABCKidZLLC.com

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name (Last, First, MI)	Home Phone #
Street Address	Cell Phone #
City, State, Zip	Email Address
Social Security #	Drivers License #

PREVIOUS ADDRESSES (IF CHANGED WITHIN 3 YEARS)

Street Address	City, State, Zip
Street Address	City, State, Zip

POSITION INTERESTS

Position(s) of Interest	Age Preference (Infant/Toddler/Preschool)
Date Available to Start	Full-Time / Part-Time Preference
Days/Hours Available	Salary/Wage Desired
How Did You Hear About This Position?	

EDUCATION AND SKILLS

Name	Address (City & State)	Course of Study/Major	Graduate?	Degree/Diploma
High School			Y N	
Business/Trade School			Y N	
College			Y N	
College			Y N	
Other			Y N	

EMPLOYMENT HISTORY

Starting with your present or most recent employer, describe your employment experience below

1				
Company Name		Address (City & State)		Telephone # (with area code)
Job Title	Start Date	End Date	Starting Salary	Ending Salary
Supervisor's Name		Job Duties		
Reason For Leaving				
2				
Company Name		Address (City & State)		Telephone # (with area code)
Job Title	Start Date	End Date	Starting Salary	Ending Salary
Supervisor's Name		Job Duties		
Reason For Leaving				
3				
Company Name		Address (City & State)		Telephone # (with area code)
Job Title	Start Date	End Date	Starting Salary	Ending Salary
Supervisor's Name		Job Duties		

Reason For Leaving				
4				
Company Name		Address (City & State)		Telephone # (with area code)
Job Title	Start Date	End Date	Starting Salary	Ending Salary
Supervisor's Name		Job Duties		
Reason For Leaving				

GENERAL INFORMATION

Are You Child CPR and/or First Aid Certified?
Do You Have Infant/Toddler Certification?
How Many Total Years in a Registered Child Care Facility do You Have?
What are Your Career Goals and Objectives?
Why Should ABCKidZ Hire You?
What Does a Typical 2 Year-Old Classroom Look Like?
How Would You Handle Two 3 Year-Olds Arguing Over a Toy?
What Would Your Best Friend Say Your Strengths and Weaknesses Are?
What Else Should We Know in Considering You For This Position?

PROFESSIONAL REFERENCES

Please List Below Three People Not Related to You, References Can Include Previous Supervisors, and Should Have Knowledge of Your Work Ethic and Performances

1		
Name	Title/Company	Phone Number
Email Address	Relationship	Years Known

2		
Name	Title/Company	Phone Number
Email Address	Relationship	Years Known
3		
Name	Title/Company	Phone Number
Email Address	Relationship	Years Known

PLEASE READ CAREFULLY, SIGN AND DATE BELOW

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate ABCKidZ in any way if the employer decides to employ me. Further, I understand that my employment is not for a stated period of time, that terms and conditions of employment are subject to change and that my employment is "at will". I understand that employment at ABCKidZ is contingent upon thorough background, criminal and driving history checks, and I hereby authorize ABCKidZ to make any investigation of my personal history in determining my qualification for employment.

I authorize you to contact the persons listed as references and former employers in determining my qualification for employment.

I understand that if employed by this company, my first 60 days of employment will be a trial period to determine my qualifications and suitability for employment in a child care facility; my employment may be terminated at the option of my employer if they determine I am not suited for the work assigned.

Signature of Applicant

Date

THIS APPLICATION WILL BE HELD ON FILE FOR SIX MONTHS FROM THE DATE SIGNED