



KID'S WORLD CHILDCARE, LLC

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EMPLOYMENT APPLICATION

IMPORTANT: ANSWER ALL QUESTIONS AND BE THOROUGH. YOUR ANSWERS DETERMINE WHETHER YOU WILL BE CONSIDERED FURTHER. INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. PLEASE ADVISE THE CENTER OF ANY CHANGES IN YOUR ADDRESS OR PHONE NUMBER. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

FIRST NAME	MIDDLE NAME	LAST NAME	POSITION APPLYING FOR
ADDRESS			
			HOME PHONE
CITY	STATE	ZIP	CELL PHONE / PAGER #
SOCIAL SECURITY #			ARE YOU 18 YEARS OR OLDER?

WHAT DAYS ARE YOU AVAILABLE TO WORK (Please check all that apply):

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

WHAT TIMES ARE YOU **NOT** AVAILABLE TO WORK? _____

DATE YOU CAN BEGIN _____ / _____ / _____

WILL YOU ACCEPT? (CHECK IF YES):

Full Time
 Part Time
 Temporary
 School Months Only
 As Needed / Substitute

ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY KID'S WORLD CHILDCARE? YES NO

IF SO, GIVE DATE _____ JOB TITLE _____ SUPERVISOR _____

DO YOU HAVE ANY RELATIVES WORKING FOR KID'S WORLD CHILDCARE? YES NO

RELATIVES NAME/S _____

CAN YOU PROVIDE PROOF OF CITIZENSHIP, VISA, OR ALIEN REGISTRATION # UPON EMPLOYMENT? YES NO

HOW DID YOU LEARN OF THIS POSITION? _____

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO DATE _____ / _____ / _____ G.P.A. _____

NAME & LOCATION OF HIGH SCHOOL ATTENDED _____

COLLEGE OR VOCATIONAL SCHOOL AND LOCATION	DATES FROM/TO	MAJOR STUDIED	DEGREE EARNED

OTHER COURSES AND TRAINING DATE

DO YOU HAVE A: VALID WASHINGTON STATE DRIVER'S LICENSE? # _____ YES NO
(A valid driver's license is required only where so stated on job announcement.)

WASHINGTON FOOD SERVICE WORKER PERMIT? YES NO
(Required of all staff persons preparing full meals per WAC 388-150-250, et al.)

DO YOU HAVE AN HIV / AIDS TRAINING CARD? YES NO

TUBERCULAR TEST RESULTS (Mantoux method)? YES NO
(required of all staff persons having regular contact with children per WAC 388-150-220, et al)

MULTIMEDIA STANDARD FIRST AID CARD? YES NO

INFANT-CHILD CARDIOPULMONARY RESCUSITATION (CPR) CARD? YES NO
(at least one person with first aid / CPR is required to be present in each area per WAC 388-150-200, et al)

HAVE YOU SERVED ON ACTIVE DUTY IN THE MILITARY SERVICES OF THE U. S. WITHIN THE LAST 8 YEARS? YES NO

BRANCH _____

ACTIVE DUTY DATES _____

PER RCW 41.04.010, CERTAIN VETERANS ARE ELIGIBLE FOR VETERAN'S PREFERENCE. DO YOU QUALIFY FOR THIS PREFERENCE? YES NO

HAVE YOU EVER OBTAINED EMPLOYMENT IN THIS STATE THROUGH THE USE OF VETERAN'S PREFERENCE? YES NO

DO YOU CLAIM VETERAN'S PREFERENCE FOR THIS EXAMINATION? YES NO

HAVE YOU EVER BEEN CONVICTED WITHIN THE LAST 7 YEARS, OF AN OFFENSES WHICH RELATE REASONABLY TO FITNESS TO PERFORM THE JOB YOU ARE APPLYING FOR? YES NO
(A conviction record will not necessarily bar or disqualify you from employment.)

OFFENSE _____ DATE _____

SPECIAL CONSIDERATION: IF YOU ARE SELECTED TO PARTICIPATE IN AN EXAMINATION OR INTERVIEW AND NEED ANY SPECIAL ACCOMMODATIONS IN ORDER TO COMPLETE OR PARTICIPATE IN THE PROCESS BECAUSE OF AN IMPAIRMENT OR DISABILITY, PLEASE NOTIFY THE KID'S WORLD CHILDCARE CENTER.

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

I AUTHORIZE THE INVESTIGATION OF ALL MATTERS WHICH KID'S WORLD CHILDCARE DEEMS RELEVANT TO MY QUALIFICATIONS FOR EMPLOYMENT. THIS INCLUDES ALL STATEMENTS MADE IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION AND I RELEASE FROM ALL LIABILITY ANY PERSONS (SUCH AS FORMER SUPERVISORS OR EMPLOYERS) SUPPLYING IT. I ALSO RELEASE YOU FROM ALL LIABILITY, WHICH MIGHT RESULT FROM MAKING THE INVESTIGATION.

I CERTIFY THE FACTS AND INFORMATION IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION, AS WELL AS ANY MISLEADING STATEMENTS OR OMISSIONS, WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION, REGARDLESS OF WHEN OR HOW DISCOVERED.

I UNDERSTAND THAT I MAY RESIGN OR BE TERMINATED, WITHOUT CAUSE OR NOTICE, AT ANY TIME, UNLESS OTHERWISE STATED IN AN EMPLOYMENT CONTRACT. I ALSO UNDERSTAND THAT UNLESS OTHERWISE STATED IN AN EMPLOYMENT CONTRACT, KID'S WORLD CHILDCARE CENTER MAY CHANGE, WITHDRAW AND INTERPRET OTHER POLICIES (INCLUDING BUT NOT LIMITED TO WAGES, HOURS AND WORKING CONDITIONS) AS IT DEEMS APPROPRIATE. I UNDERSTAND THAT REGULAR AND PUNCTUIONAL ATTENDANCE AND OVERTIME AS REQUESTED, IS A REQUIREMENT FOR THIS POSITION.

I HAVE READ EACH OF THE ABOVE STATEMENTS. I HAVE ALSO REVIEWED ALL OF THE INFORMATION I PROVIDED IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS. YES NO

SIGNATURE OF APPLICANT

DATE

EMPLOYMENT

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES FOR THE PAST 10 YEARS

EMPLOYER _____ START DATE _____
ADDRESS _____ END DATE _____
CITY, STATE & ZIP _____ BEGINNING WAGE _____
POSITION TITLE _____ ENDING WAGE _____
SUPERVISOR _____ PHONE NO. _____
REASON FOR LEAVING _____ CAN WE CONTACT? YES NO
WORK PERFORMED* _____

EMPLOYER _____ START DATE _____
ADDRESS _____ END DATE _____
CITY, STATE & ZIP _____ BEGINNING WAGE _____
POSITION TITLE _____ ENDING WAGE _____
SUPERVISOR _____ PHONE NO. _____
REASON FOR LEAVING _____ CAN WE CONTACT? YES NO
WORK PERFORMED* _____

EMPLOYER _____ START DATE _____
ADDRESS _____ END DATE _____
CITY, STATE & ZIP _____ BEGINNING WAGE _____
POSITION TITLE _____ ENDING WAGE _____
SUPERVISOR _____ PHONE NO. _____
REASON FOR LEAVING _____ CAN WE CONTACT? YES NO
WORK PERFORMED* _____

EMPLOYER _____ START DATE _____
ADDRESS _____ END DATE _____
CITY, STATE & ZIP _____ BEGINNING WAGE _____
POSITION TITLE _____ ENDING WAGE _____
SUPERVISOR _____ PHONE NO. _____
REASON FOR LEAVING _____ CAN WE CONTACT? YES NO
WORK PERFORMED* _____

