



300 Madison Ave, Mankato, MN 56001

Form instructions here.

APPLICATION FOR EMPLOYMENT

Personal Information

Applicant Last Name:		Applicant First Name:		Applicant Date of Birth (mm/dd/yyyy):	
Applicant Street Address:			City:	State:	ZIP:
Applicant Permanent Street Address:			City:	State:	ZIP:
Home Phone (###-###-####):			Mobile Phone (###-###-####):		
Social Security Number (###-##-####):					
Best Time to Reach You:			Referred By:		

Education

Elementary/Jr High (Check highest year):		High School?:		Graduated?:		G.E.D.?		College/Tech School?:		Graduated?:		Graduate School:	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> No	3 <input type="checkbox"/>	4 <input type="checkbox"/>
High School:	Name:			City:			State:			Graduation Year:			
College or Technical School:	Name:			City:			State:			Graduation Year:			
	Month(s) / Years Attended:			Course of Study:			Degree/Diploma Granted:						
Graduate School:	Name:			City:			State:			Graduation Year:			
	Month(s) / Years Attended:			Course of Study:			Degree/Diploma Granted:						

Military Experience

Were you ever in the Armed Services? <input type="checkbox"/> No <input type="checkbox"/> Yes	Branch of Service:	Date Entered:	Date Discharged:	Highest Rank:	Discharge Rank:
Discharge Conditions:					
Describe duties and/or training applicable to civilian work:					
Are you currently in the Military or the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain>>				

Additional Skills & Training (Describe specialized training, skills, extra-curricular activities, or organizations)

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APPLICATION FOR EMPLOYMENT

(Continued)

General Information

Position Being Applied for (Check one): <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Aide		Type of Employment (Check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Date you are available to start work (mm/dd/yyyy):		Desired Salary Range:	
Have you ever filed an application with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you have any friends or relatives who work here? <input type="checkbox"/> No <input type="checkbox"/> Yes Relationship:	
Are you currently employed?: <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you currently on "Lay-Off" status and subject to recall? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is there any reason that you cannot do the job for which you applied?: <input type="checkbox"/> No <input type="checkbox"/> Yes Explain>>			
Do you have any defects in hearing?: <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you have any defects in vision?: <input type="checkbox"/> No <input type="checkbox"/> Yes	
		Do you have any speech defects?: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Would you object to being fingerprinted? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Availability Schedule (Please indicate times you are available for work, not class schedule)

Days Available X >>	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>
AM Hours From>>					
available between					
6 AM > 12 PM To>>					
PM Hours From>>					
available between					
12 PM > 7 PM To>>					

Work Experience (Start with your most recent job)

Employer Name:		Start Date (mm/dd/yyyy):		End Date (mm/dd/yyyy):		Were you Fired?: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Employer Street Address:		Starting Salary:		Ending Salary:		Type of Business:	
City:	State:	Zip:	Describe your Job Duties:				
Telephone (###-###-####):	Supervisor Name:		May we contact this employer?: <input type="checkbox"/> No <input type="checkbox"/> Yes		Reason for Leaving:		

Employer Name:		Start Date (mm/dd/yyyy):		End Date (mm/dd/yyyy):		Were you Fired?: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Employer Street Address:		Starting Salary:		Ending Salary:		Type of Business:	
City:	State:	Zip:	Describe your Job Duties:				
Telephone (###-###-####):	Supervisor Name:		May we contact this employer?: <input type="checkbox"/> No <input type="checkbox"/> Yes		Reason for Leaving:		

APPLICATION FOR EMPLOYMENT

(Continued)

Work Experience (Continued)

Employer Name:			Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):	Were you Fired?: <input type="checkbox"/> No <input type="checkbox"/> Yes
Employer Street Address:			Starting Salary:	Ending Salary:	Type of Business:
City:	State:	Zip:	Describe your Job Duties:		
Telephone (###-###-####):	Supervisor Name:		May we contact this employer?: <input type="checkbox"/> No <input type="checkbox"/> Yes	Reason for Leaving:	

Employer Name:			Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):	Were you Fired?: <input type="checkbox"/> No <input type="checkbox"/> Yes
Employer Street Address:			Starting Salary:	Ending Salary:	Type of Business:
City:	State:	Zip:	Describe your Job Duties:		
Telephone (###-###-####):	Supervisor Name:		May we contact this employer?: <input type="checkbox"/> No <input type="checkbox"/> Yes	Reason for Leaving:	

Personal / Professional References (Do not include family members or past supervisors)

Name	Telephone	Occupation	Years Known

Applicant Questions

Describe, for you, what would be an ideal job.	
Have you worked with children? <input type="checkbox"/> Yes <small>Describe>></small>	
Why do you want to work with children?	
What are your goals for the next 1-5 years?	
What part of our last / present job did you like the best?	
What part of your last / present job did you like the least?	
What are your reasons for changing jobs?	

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(Continued)

Applicant Questions (Continued)

Describe your relationship with your last/present employer.	
What are your 5 best qualities?	
What areas do you need improvement on?	
Do you consider yourself a self-motivator? <input type="checkbox"/> Yes <i>Explain>></i>	
What do you most like about children?	
What do you least like about children?	
What are your favorite activities to do with children?	
Are you willing to work with any age group? <input type="checkbox"/> Yes	Which age do you prefer? <input type="checkbox"/> Infant (0 – 18 M) <input type="checkbox"/> Toddler (1 – 2 Yrs) <input type="checkbox"/> Pre-School (3 – 5-Yrs)
What behavior guidance techniques do you use when working with children?	
Are you flexible with hours, duties, and changing environments? <input type="checkbox"/> Yes	
If hired, what kind of commitment do you expect to be able to give our center?	

Applicant Statement

In compliance with Little Stars Early Learning Center, LLC requirements, no person shall be hired or retained as a staff member (paid or volunteer) who has:

- 1) Been convicted of, admitted to, or been the subject of substantial evidence of an act of any kind of child abuse, or
- 2) Used alcohol or drugs such that it is apparent during working hours when children are under care, or
- 3) Been convicted of, or admitted to, any felony or any offense involving moral turpitude.

I am aware of, and authorize, a background check by Little Stars Early Learning Center, LLC in connection with the evaluation of my application for work. I understand the local police, sheriff, juvenile court, and agency records for children/adults may be contacted/examined.

Applicant Signature:

Date (mm/dd/yyyy)