

# Application for Employment

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Director, Asst. Director, Caregiver, Caregiver Asst., Service Staff, Other

## Education

High School	Graduated	Diploma	Date Received
	Yes ___ No ___	Yes ___ No ___	
Highest Grade Completed:	6 7 8 9 10 11 12	GED Yes ___ No ___	
College	Field	Hours Completed	Degree

Special training or professional certificates that you may have attained (CDA, OCY Director's Credential, etc.) \_\_\_\_\_

## PREVIOUS EMPLOYMENT EXPERIENCE

Name of Employer		Employed		Reasons for Leaving
Address		From	To	Job Title
City		Describe your duties		
State				
Zip				
Supervisor	Telephone	May we contact this employer? Yes ___ No ___		

Name of Employer		Employed		Reasons for Leaving
Address		From	To	Job Title
City		Describe your duties		
State				
Zip				
Supervisor	Telephone	May we contact this employer? Yes ___ No ___		

Name of Employer		Employed		Reasons for Leaving
Address		From	To	Job Title
City		Describe your duties		
State				
Zip				
Supervisor	Telephone	May we contact this employer? Yes ___ No ___		

## PERSONAL PREFERENCES

Please provide three (3) personal references other than those listed above:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Print Name \_\_\_\_\_

Date \_\_\_\_\_

I understand if I am selected for this position I will be subject to a Police Background Check (fingerprinting) and a Child Abuse Registry Check and that my records must pass the requirements enforced for Child Care Facility employees by the Mississippi State Department of Health. I also understand that I must provide a current Certificate of Immunization (Form 121) prior to beginning my employment. I also understand that I must submit documentation supporting my qualifications for the position listed above on the application as outlined in the *Regulations Governing Licensure of Child Care Facilities* and described to me by the interviewer.

I understand that by signing below I give Hancock County Human Resources Agency to perform all criminal records checks, a Child Abuse Registry Check, previous employment checks and personal reference checks, and any other checks required for employment by Hancock County Human Resources Agency and the Mississippi State Department of Health.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

**REFERENCES CHECKS**  
Prior Employment

Person Contacted	Person Contacted	Person Contacted
Date Contacted	Date Contacted	Date Contacted
Telephone	Telephone	Telephone
Positive Reference ____ Negative Reference ____	Positive Reference ____ Negative Reference ____	Positive Reference ____ Negative Reference ____
Comments	Comments	Comments

**Personal References**

Person Contacted	Person Contacted	Person Contacted
Date Contacted	Date Contacted	Date Contacted
Telephone	Telephone	Telephone
Positive Reference ____ Negative Reference ____	Positive Reference ____ Negative Reference ____	Positive Reference ____ Negative Reference ____
Comments	Comments	Comments

**FOR OFFICE USE ONLY**

Reference Checks Completed	Yes ____ No ____	Date Completed _____
Certificate of Immunization From 121	Yes ____ No ____	Date Received _____
Documentation of Required Education	Yes ____ No ____	Date Received _____
Documentation of Director Qualification	Yes ____ No ____	Date Received _____
Fingerprinting	Yes ____ No ____	Date Completed by Employee _____
Date Submitted to MSDH _____		Date Approval Letter Received from MSDH _____
Child Abuse Central Registry	Yes ____ No ____	Date Completed by Employee _____
Date Submitted to MSDH _____		Date Approval Received _____
Date of Employment _____		Date of Orientation _____
Date of Separation _____		Reason for separation from employment _____

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**