

### **Employment Application**

Application date	
Interview date	
Position applied for	

#### **Personal Information**

Full name	
Mailing Address	
Phone number	
Email address	
Date of birth	
SC Endeavors Number	

## **Employment Eligibility**

Are you a citizen of US?	Yes	No
If you are not a citizen, are you allowed to work in U.S.?	Yes	No
Have you ever been convicted of a felony?	Yes	No

### Education

Zaacation	
Name of High School	Date graduated
Name of College	Date graduated
SC ECD 101 or CDA Name of school	Completion date

# Employment / Experience

Company	Name of supervisor	Phone number or email address	Dates you worked at this company	Your role at this company

#### References

Please list contact information for two persons who will provide a reference as related to your work as a childcare provider.

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Name	How they know you	Phone number or email	
<ul> <li>Complete a backgrou</li> <li>Get fingerprints done</li> <li>Provide a health asse</li> <li>Provide a recent TB t</li> <li>Be certified in CPR. I</li> <li>Provide a valid driver</li> <li>Complete 15 hours o employment</li> </ul>	est Must be completed in first 3	CDSS (paid for by HSP) SP) 0 days. (paid for by HSP) g in first 90 days of	
Copies of HSP's Personnel Manual and Terms of Employment will be given to employee, if hired. Employee must sign both of the documents. Initial here			
Disclaimer Applicant understands that the excellence through diversity.	his is an Equal Opportunity	Employer and committed to	
I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If			

this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated. The

Signature \_\_\_\_\_ Date \_\_\_\_\_

application being fully completed in order for it to be considered.