



## **Employment Application**

# Compass Child Care

## Employment Application

**Applicant** \_\_\_\_\_ Full Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nickname/Preferred: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ SSN: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ FT / PT \_\_\_\_\_ Date Available: \_\_\_\_\_

Hours preferred: \_\_\_\_\_ Wage Required: \_\_\_\_\_

Are you a US citizen: \_\_\_\_\_ If no, do you have a work visa? \_\_\_\_\_ Visa #: \_\_\_\_\_

Have you been convicted of any criminal offense? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

*\*Please note a background check will be preformed*

### Education

Name of School/City, State	Graduated Yes or No	Field of Study
High School		
College		
Additional		

*\*Please attach any Post Secondary Education Transcripts to be considered for any Assistant Teacher or Teacher roles.*

### Job History

Work Place & Address	Supervisor Name & Number	Specific Role/Duties/Wage	Dates Employed & Reason for Leaving
1.			
2.			
3.			

Have you ever been terminated from a job? \_\_\_\_\_ Explain: \_\_\_\_\_

## Employment Application (page 2)

Name \_\_\_\_\_

### Skills

List any skills that relate to the job you are applying for:
Volunteer work:
Additional Information/Training:

### References (Not Related)

Name:	Phone:	How Acquainted:
1		
2.		
3.		

*I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.*

*I also understand that a background study will be completed by the MN DHS and an employment offer will not be extended if I do not pass that study.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Notes:

Interviewed by:

Date:

# Compass Child Care

## *Background Check Release*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Physical Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Drivers License State: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

SSN: \_\_\_\_\_ US Citizen: Yes No

Date of Birth \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Prior Names and /or Alias: \_\_\_\_\_

Prior Addresses (past 5 years): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

I received the following forms:

- Background Study Notice of Privacy Practices
- Fingerprint and Photo Information for DHS Background Study Subjects
- Acceptable Forms of Identification for DHS Background Studies

*I certify that this form is filled out correctly and understand that this will be used to run the mandated DHS background study. All employment offers are contingent on the results of this study. This background check is not complete until you fulfill the fingerprint portion of the study.*

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

Office Use:

Copy of Driver's License Received     Finger Print Study Complete     Online Background Study Complete