(973) 230-0448 Phone www.littlemindsla.com

EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ SSN: _____

Are you legally eligible to work in the U.S.? ☐ Yes ☐ No

Emergency Contact: _____ Phone: _____

Have you ever worked for Little Minds Learning Academy before? ☐ Yes ☐ No
If yes, when? _____.

Do you have any special needs or physical limitations that you may have that will need to be accommodated? If yes, what are they? _____

Position Information

Position Applying For: _____

Date Available to Start: _____ Desired Salary/Hourly Rate: _____

Employment Type: ☐ Full-Time ☐ Part-Time ☐ Substitute

Education & Certifications

High School – Name/Location: _____

Graduated: ☐ Yes ☐ No Year: _____

College/University – Name/Location: _____

Degree/Major: _____ Graduated: ☐ Yes ☐ No Year: _____

College/University – Name/Location: _____

Degree/Major: _____ Graduated: ☐ Yes ☐ No Year: _____

Early Childhood Credentials/Certifications:

☐ CDA – Exp. Date: _____

☐ NJ Teacher Certification – Type: _____

☐ First Aid/CPR/AED – Exp. Date: _____

☐ Other: _____

Employment History

Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ Dates: _____ to _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ Dates: _____ to _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ Dates: _____ to _____

Responsibilities: _____

Reason for Leaving: _____

Professional References (Do not list family members)

1. Name: _____ Relationship: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Phone: _____ Email: _____

3. Name: _____ Relationship: _____

Phone: _____ Email: _____

Background Check & Clearance Consent

I understand that employment at a New Jersey state-licensed childcare center requires:

- Fingerprinting for state and federal background check
- CARI check
- Employment history verification
- A medical clearance from a physician including Mantoux testing
- An I9 form completed with supporting documentation
- Other legal documents that pertain to payment eligibility

I authorize Little Minds Learning Academy to conduct these checks.

Signature: _____ Date: _____

Applicant Statement

I certify that the information in this application is true and complete. I understand that any false statements may result in disqualification or termination.

Signature: _____ Date: _____