

AT - WILL EMPLOYMENT APPLICATION (Please Print Clearly All Information Except Signature)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon a successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 90 days.

A PERSON WHO HAS BEEN CONVICTED OF A CRIME ENUMERATED IN SUBSECTION (A), SC CODE SECTION 20-7-2725 (B) AS AMENDED, WHO APPLIES FOR EMPLOYMENT WITH, IS EMPLOYED BY, OR SEEKS TO PROVIDE CAREGIVER SERVICES IN, OR IS A CAREGIVER AT SUCH FACILITY, IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION MUST BE FINED NOT MORE THAN FIVE THOUSAND DOLLARS, OR IMPRISONED NOT MORE THAN ONE YEAR, OR BOTH.

PERSONAL INFORMATION					
Name: Last	First			Middle	
Phone #'s: ()	()			()	
Please list below your current ad	dress and your two prio	r addresses befo	ore you curre	nt address:	
Current Street Address	City	State	Zip	Since (Mo/Yr	
Street Address	City	State	Zip	Since (Mo/Yr)	
Street Address	City	State	Zip	Since (Mo/Yr	

What source(s) prompted you to apply for a position with Creative Kids?______

EDUCATION			
High School Attended	City, County & State	Diploma/ GED/ Not Completed	
Undergraduate College Attended	City, County & State	Degree/Certificate/Diploma	
Graduate School Attended	City, County & State	Degree/Certificate/Diploma	
Trade, Business or Other School	City, County & State	Degree/Certificate/Diploma	

	EMPLOYMEN	T INFORMATION	
Position Applied For:	Date available	e to Start work:	Desired Salary:
Are you looking for: Fu	ll Time Part Time	e Seasona	al work
Can you: Open: 6:	30 AM?	Close: 6:30 F	PM?
	• ,	ion number and use RE	EVERSE SIDE to provide explanations.
1) Are you at least 18 years of a	ge?	Yes	No
2) Are you able to lawfully work	in the United States?	Yes	No
3) Will you work overtime wher	necessary?	Yes	No
4) Are you on layoff and subject	to recall?	Yes	No
5) Are you currently bound by a	noncompetition or trade-sec	ret agreement? (If Yes	s, please explain.) Yes No
6) Have you ever been discharg	ed or asked to resign from a jo	ob? (If Yes, p	olease explain.) Yes No
		ENT HISTORY	
MAY WE CONTACT YOUR PRESE	NT EMPLOYER? YES	NO	
Please list below your last three	employers beginning with th	e most recent.	
Most Recent Employer	City	State Zip	Phone Number
Position Held	Dates From/To	Pay Rate Upo	n Leaving Supervisor
Duties:			
Reason For Leaving:			
Next Most Recent Employer	City	State Zip	Phone Number
Danitria a Halal	Datas Fuerro /Ta	Day Data Haa	n Lacrina Companiana
Position Held	Dates From/To	Pay Rate Upo	n Leaving Supervisor
Duties:			
Reason For Leaving:			
Next Most Recent Employer	City	State Zip	Phone Number
Position Held	Dates From/To	Pay Rate Upon	Leaving Supervisor
Duties:			

Reason For Leaving:

JOB RELATED

The South Carolina Department of Social Services has employment requirements for child care workers. Please answer each question below.

Investigation (FBI) are to be performed in order to work in child care in this state.
Have you been finger printed and approved to work in child care? Yes No
If yes, which state(s)? Date
Have you ever been convicted of or plead guilty to a felony or other crime? (If Yes, please explain.) Yes No
2) Central Registry of Child Abuse and Neglect reviews are required of all child care providers. This registry check will be performed by the child care center. Would you be willing to complete the necessary form to satisfy this State requirement? Yes No (If No, please explain.)
3) A Heath Assessment is required from a health care provider assessing the ability of the staff person to work with children. The health assessment shall be completed within three months prior to employment or within the first month of employment and shall include health history, physical exam, vision and hearing screening, tuberculosis screening, and a review of Immunization status. Would you be willing to take the necessary steps to meet this mandate from the state? Yes No
Trouble you be willing to take the necessary steps to meet this mandate from the state. Tes Ito
4 a) Child care workers are required to complete a specified number of training hours annually. Are you willing to take the necessary training steps to fulfill this requirement? Yes No
4 b) Number of years in Child Development and Early Learning
4 d) Can you provide proof of having had Infant/Child CPR training? Yes No
4 e) Can you provide proof of having had Infant/Child First Aid training? Yes No
4 f) Can you provide proof of having SIDS (Sudden Infant Death Training Syndrome) training? Yes No
4 g) Can you provide proof of having Blood Borne Pathogen training? Yes No
List Child Care Training in past three years with approximate Date (s):
Special Training:
Special Skills and other information you may have that relate to the position applied for or relating to the child care industry
Do you have a valid driver's license? Yes No
If you are applying for a Bus Driving Position, do you have a Commercial Driver's License? Yes No

APPLICANT'S CERTIFICATION AGREEMENT

Creative Kids conditions employment on pre-employment criminal records check of applicants for employment. I understand and agree that, if offered employment by Creative Kids, I must consent to all background checks performed by the company. I also understand and agree that any failure by me to comply with, complete or meet such requirements of the company or of the State will result in the denial of my employment, the withdrawal of any offer of conditional employment, if made, or discharge, as applicable.

I authorize the Investigation of all statements contained in this application and release from all liability any persons or employers supplying such information. I also release the company from all liability which might result from the Investigation.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulation and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT - WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

I understand that employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements. By signing this application, I certify that I understand all parts of it and have answered all questions completely and accurately.

Thank you for your interest in working for Creative Kids of Carolina Kids LLC. Creative Kids is drug-free workplace and strictly adheres to a policy of equal employment opportunity.

Applicant's Full Legal Name (Print)					
Applicant's Full Legal Signature	D	Date _	/	/	_