



Family Cares Daycare

Employment / Job Application

PERSONAL INFORMATION

FULL NAME: _____

PREFERRED NAME: _____ DATE OF APPLICATION: _____

ADDRESS: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE: (____) _____ [] MAIN [] ALLOW CALL & TEXT OTHER PHONE: (____) _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DOB: _____ MARTIAL STATUS: _____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ [] HOURLY [] SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: [] FULL-TIME [] PART-TIME [] SEASONAL

EMPLOYMENT ELEIGIBILITY

ARE YOU LEAGAL TO WORK IN U.S.? [] YES [] NO* IF NO EXPLAIN: _____

HAVE YOU EVER WORKED FOR THIS EMPLOYER? [] YES* [] NO IF YES, WHEN: _____

REASON FOR LEAVING: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? [] YES* [] NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ DATES: _____

GRADUATED? [] YES [] NO YEAR: _____ GED? [] YES [] NO COMPLETED? [] YES [] NO

COLLEGE: _____ DATES: _____

GRADUATED? [] YES [] NO YEAR: _____ CURRENTLY ENROLLED: [] YES [] NO

COLLEGE: _____ DATES: _____

GRADUATED? [] YES [] NO YEAR: _____ CURRENTLY ENROLLED: [] YES [] NO

OTHER EDUCATION/CERTIFICATES:

[] STATE BACKROUND CHECK WHEN: _____ WHAT STATE: _____ EXPIRES: _____

[] STATE REQUIRED TRAINING COURSES

[] CPR/FIRST AID CERTIFICATION EXPIRES: _____ [] FOOD HANDLERS EXPIRES: _____

PREVIOUS EMPLOYMENT

EMPLOYER NAME: _____ DATES EMPLOYED: _____
ADDRESS: _____ PHONE: (____) _____
STARTING PAY: \$ _____ [] HOURLY [] SALARY ENDING PAY: \$ _____ [] HOURLY [] SALARY
REASON FOR LEAVING: _____

EMPLOYER NAME: _____ DATES EMPLOYED: _____
ADDRESS: _____ PHONE: (____) _____
STARTING PAY: \$ _____ [] HOURLY [] SALARY ENDING PAY: \$ _____ [] HOURLY [] SALARY
REASON FOR LEAVING: _____

REFERENCES

NAME: _____ PHONE: (____) _____
COMPANY NAME: _____ TITLE: _____
EMAIL: _____ RELATION: _____
NAME: _____ PHONE: (____) _____

MILITARY

ARE YOU A VETAN? [] YES [] NO FROM: _____ TO: _____
BRANCH: _____ RANK AT DISCHARGE: _____

DISCLAIMER

APPLICANT UNDERSTANDS THAT FAMILY CARES DAYCARE 5IVE AND 6IX IS AN EQUAL OPPORTUNITY EMPLOYER AND COMMITTED TO EXCELLENCE THROUGH DIVERSITY. IN ORDER TO ENSURE THIS APPLICATION IS ACEPTABLE, PLEASE PRINT OR TYPE ALL SECTIONS OF THE APPLICATION BEING FULLY COMPLETED IN ORDER FOR IT BOE CONSIDRED.

I, THE APPLICANT, CERTIFY THAT MY ANSWERS ARE TRUE AND HONEST TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO MY EVENTUAL EMPLOMENT, I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY EMOPLOYEMNT BEING TERMINTED.

APPLICANT: _____ DATE: _____

APPLICANT SIGNATURE: _____

EMERGENCY INFORMATION

ALL FAMILY CARES DAYCARE EMPLOYEES ARE TO INFORM AND/OR UPDATE EMERGENCY CONTACT INFORMATION TO SECURE OUR EMPLOYEES EMERGENCY CONTACT IS AVAILABLE WHEN AN EMERGENCY ARRISES OR OUR EMPLOYEE.

EMPLOYEE NAME: _____

LOCATION:

- ☐ FAMILY CARES DAYCARE (1961 SE ELLIOTT PL. GRESHAM, OR 97080)
- ☐ FAMILY CARES DAYCARE T00 (1548 NE HACIENDA AVE GRESHAM, OR 97030)
- ☐ FAMILY CARES DAYCARE 3EE (3425 SE 157TH AVE PORTLAND, OR 97236)
- ☐ FAMILY CARES DAYCARE 4OUR (15827 NE HALSEY ST PORTLAND, OR 97230)
- ☐ FAMILY CARES DAYCARE 5IVE (8418 N BRANDON AVE PORTLAND, OR 97217)
- ☐ FAMILY CARES DAYCARE 6IX (4326 NE KILLINGSWORTH ST PORTLAND, OR 97218)
- ☐ FAMILY CARES DAYCARE 7EVEN (18810 SE DIVISION ST GRESHAM, OR 97030)
- ☐ FAMILY CARES CENTER

EMERGENCY CONTACT NAME: _____

PHONE: _____ RELATION: _____

EMERGENCY CONTACT NAME: _____

PHONE: _____ RELATION: _____

EMERGENCY CONTACT NAME: _____

PHONE: _____ RELATION: _____

BY SIGNING BELOW I AGREE AND GIVE PERMISSION TO CONTACT THE ABOVE EMERGENCY CONTACT IN CASE OF AN EMERGENCY DURING WORK OR ABSENCE OF WORK.

EMPLOYEE SIGNATURE: _____ DATE: _____