

99 Spring Street Seattle, WA 98104

1211 Post Alley Seattle, WA 98101

EMPLOYMENT APPLICATION

POSITON APPLYING FOR:	

Application Instructions: Please complete every question in this application even if you have submitted a resume. Print all answers clearly. Incomplete or illegible applications will not be considered.

KIDSCENTRE, INC. IS AN EQUAL OPPORTUNITY EMPLOYER BY BOTH POLICY AND PRACTICE AND COMPLIES WITH ALL FEDERAL AND STATE LAWS WHICH FORBID DISCRIMINATION

CONFIDENTIAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
HOME PHONE NUMBER
CELL PHONE NUMBER
BEST CONTACT NUMBER
EMAIL ADDRESS
DATE AVAILABLE TO BEGIN WORK:

TYPE O	F WORK DES	IRED (PLEASE C	CIRCLE ALL THAT	T APPLY)		
FULL T	IME TEACHE	R: SUBSTIT	TUTE TEACHER:	FLOATER T	EACHER:	-
EXPECT	ΓED SALARY/	WAGE: \$	PER HOUR	\$	ANNUAL SA	LARY
DO YOU	J NEED INSUI	RANCE BENEFIT	rs? □ YES □ NO			
List hours and days you are available to work:						
	MON.	TUE.	WED.	THU.	FRI.	SAT.
FROM						
ТО						
Are you Do you Do you	ou completed or Annual STA have a CDA (have an AA/I	STARS 30-Hou ARS Hours Cur Credential? BA/ or higher in	f all transcripts to the control of	sic Course? NO d Development	YES 🗖 NO	NO
		sfactorily comp		I.C. (T. 1)	n	
•		ation Units: #			ller Units: #	
Number	of Units and (Course Titles:				
Are von	ı currently Cl	PR and Firet Ai	d Certified?	YES 🗆 NO		

☐ Personal cellular phone ☐ Other	□ iPad	
Please indicate the programs/s	software for which you have a w	orking knowledge:
☐ Microsoft Excel☐ Microsoft Publisher	☐ Microsoft Word☐ Outlook Email	☐ Microsoft PowerPoint☐ ProCare☐ QuickBooks☐
Please list all other computer	programs/software and/or databa	use programs you are trained in:
	EMPLOYMENT HISTOR	.Y
•	es, verifiable volunteer work a	and self-employment in the USA, de any periods of unemployment
beginning with present or r	es, verifiable volunteer work a most recent employment; inclusion. DAT EMPL (MON'	and self-employment in the USA, de any periods of unemployment
beginning with present or regreater than 1-month in duration of the second of the seco	es, verifiable volunteer work a most recent employment; incluion. DAT EMPL (MONT	and self-employment in the USA, de any periods of unemployment TE OF OYMENT RATE OF PASS
beginning with present or rigreater than 1-month in duration of the second of the seco	es, verifiable volunteer work a most recent employment; inclusion. DATEMPL (MON') FROM	and self-employment in the USA de any periods of unemployment TE OF OYMENT TH-YEAR)

PHONE#_

Please list any business machines you are capable of operating and any other special skills

IOD TITLE	HOURS PER WEEK	HOURLY YES NO	
JOB TITLE:		SALARY 🗆 YES 🗆 NO	
COMPANY WEBSITE:	DAYS PER WEEK		
COMPANY:	FROM		
STREET	_	STARTING PAY	
CITY, STATE:	ТО		
PHONE#	HOURS PER WEEK	ENDING PAY	
JOB TITLE:	TIOORSTER WEEK	HOURLY □ YES □ NO	
COMPANY WEBSITE:	DAYS PER WEEK	SALARY YES NO	
COMPANY:	FROM		
STREET	FROM	STARTING PAY	
CITY, STATE:	TO		
PHONE#		ENDING PAY	
JOB TITLE:	HOURS PER WEEK	HOURLY □ YES □ NO	
	DAYS PER WEEK	—	
COMPANY WEBSITE:	-	SALARY YES NO	
Do you have any friends or relatives employe If yes, please provide names:	d by KidsCentre, Inc.? YES	□ NO	
If hired, can you provide verification of your	right to work in the U.S.A?	YES □ NO	
Are you 18 years of age or older? YES	l no		
Have you, since the age of 18, been convicted exclude: 1) misdemeanor convictions for mar convictions that have been sealed, exput misdemeanor convictions for which probable discharged and the case was judicially distributed employment. Each case will be considered or	rijuana-related offenses more the nged, dismissed, or legally ation was successfully comp nissed. A convictions is not a	an two years old, 2) eradicated, 3) and leted or otherwise an automatic bar to	

If yes, please explain and state the charge, the court, the date of conviction and the disposition of

		from employment. Each c cumstances, and seriousnes		ion will be judged	
Please list three pe members or relativ	ersons that we can call	ERENCES for character reference.	Do 1	not list household	
NAME	TELEPHONE	Z & E-MAIL ADDRESS REL		LATIONSHIP & YEARS KNOWN	
Please list at least t	hree persons that KidsC	Centre, Inc. may contact a	s an ei	mployment	
NAME COMPANY TITLE	ADDRESS	TELEPHONE & E-MA	IL	RELATIONSHIP & YEARS KNOWN	
Name:					
Company:					
Title:					
Name:					
Company:					
Title:					

the case:

Name:		
Company:		
Title:		
Name:		
Company:		
Title:		

For Office Use Only. Live Scan ID#	Date Associated:	Initials:
APPLICATION VERIFICATION &	RELEASE & AT-WIL	L STATEMENT
I hereby certify that all of the information control to the best of my knowledge. I understand that statements on this application may result in distributed and services, schools, Social Security Administrative stigative agencies to give KidsCentre, Inc. employment and pertinent information they may qualifications for the position applied for. I relarly damage that may result from furnishing into KidsCentre, Inc. and all of its employees from reliance on the information furnished. I understand condition of employment, or continued employemployed by KidsCentre, Inc., I agree to abide and agree that my employment is at-will, and the terminate, with or without cause, at any time, a unless it is modified by a specific written employer.	if employed, omissions or farmissal. I hereby authorized all ation, DMV, law enforcement, all information concerning ray have, personal or otherwise lease all persons or entities fromation to KidsCentre, Inc. all liability for any damage that and and agree to undergo a dyment, if requested by KidsCentre, if requested by KidsCentre, if requested by KidsCentre, my employment and the my option or the option of I doyment contract for a special	In the second accurate and accurate and prior employers, agencies and any previous and all liability for a laso release and may result from a laso release and accurate and accurate and accurate and accurate and accuration and accuration which is
signed by an administrator of KidsCentre, Inc. modified by any oral or implied agreement.	This at-will employment rela	tionship may not be
PRINT FULL NAME:		
	D. 177	
SIGNATURE OF APPLICANT:	DATE SIGNEI)/

Check for all required documentation:				
☐ Copy of Transcripts				
☐ Copy of Permit				
☐ Signature Last Page				
☐ All application components	filled	out.	Missing	information:
Application Complete: ☐ YES ☐ NO				
Recommend for Interview: YES NO				
Application Review Completed by			Date:	