

# EMPLOYMENT APPLICATION



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Thank you for choosing New Creations in your career path. We are dedicated to hiring professionals who are energetic, motivated, and process integrity. New Creations is an equal opportunity employer. Applicants must show they understand they are able to meet the following requirements for employment by initialing each item below.

- \_\_\_\_\_ High School Graduate or GED recipient
- \_\_\_\_\_ United States Citizen, or legally authorized to work in the United States
- \_\_\_\_\_ Will provide Social Security Card or Birth Certificate
- \_\_\_\_\_ Will submit to drug and alcohol testing as required
- \_\_\_\_\_ Will complete a background check and get fingerprinted
- \_\_\_\_\_ Physically able to safely supervise young children and perform necessary job functions
- \_\_\_\_\_ Will maintain professional appearance and conduct at all times
- \_\_\_\_\_ First Aid and Pediatric CPR trained
- \_\_\_\_\_ Will annually complete a number of hours of in-service training equal to 2%, 1.5%, or 1% depending on level of education

## GENERAL INFORMATION

Employment Desired:  Full-time  Part-time  Full- or Part-time  On Call-Substitute  
Position Desired:  Lead Teacher  Assistant Teacher  Aide    Hourly Rate Desired: \_\_\_\_\_  
\*To view what you are qualified for, click here: [https://mn.gov/dhs/assets/PersonnelInformationForm\(PIF\)\\_tcm1053-324811.pdf](https://mn.gov/dhs/assets/PersonnelInformationForm(PIF)_tcm1053-324811.pdf)  
Hours Available:    M \_\_\_\_\_    T \_\_\_\_\_    W \_\_\_\_\_    T \_\_\_\_\_    F \_\_\_\_\_

## REFERENCES

Please list 3 personal and/or professional references

Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EDUCATIONAL EXPERIENCE

High School Attended: \_\_\_\_\_ Year Graduated \_\_\_\_\_  
College Attended: \_\_\_\_\_ Major: \_\_\_\_\_  
Degree OR Number of Years Completed: \_\_\_\_\_  
Do you have a Child Development Associate Certification?  Yes  No  
Did you attend a Child Development class in High School?  Yes  No

List courses completed or relevant childcare training (CPR, First Aid, Child Development, etc.)

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List other skills, vocational, and technical training:

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**EMPLOYMENT HISTORY**

(begin with most recent)

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company and Address: \_\_\_\_\_

Supervisor's Name and Phone: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company and Address: \_\_\_\_\_

Supervisor's Name and Phone: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company and Address: \_\_\_\_\_

Supervisor's Name and Phone: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**FINAL QUESTIONS**

What are your career goals and objectives?

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Why should New Creations hire you?

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An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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I hereby certify that all information contained in this application is true and correct. I understand that any misrepresentation, falsification, or consequential omission of information may render this application void, or if employed may result in immediate termination. I further consent and agree to submit to any job-related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests. I authorize individuals and institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

Printed Name: \_\_\_\_\_

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

**OFFICE USE ONLY**

Date Submitted: \_\_\_\_\_ Time: \_\_\_\_\_ Director Proceed:  + or  -  
Interview Date: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Position: \_\_\_\_\_