

Application for Employment  
Little Footprints Learning Center

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Position Applied For \_\_\_\_\_  
Director, Assistant Director, Caregiver, Caregiver Assistant, Service Staff, Other

**EDUCATION**

High School	Graduated*	Diploma	Date Received
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
*If no, circle the highest grade you completed 6 7 8 9 10 11 12		GED Yes <input type="checkbox"/> No <input type="checkbox"/>	
College	Field	Hours Completed	Year Graduated

Special training or profession certificates that you may have attained (CDA, OCY Directors Credential, etc. \_\_\_\_  
 \_\_\_\_\_

**PREVIOUS EMPLOYMENT EXPERIENCE**

Name of Employer		Employed	Reasons for Leaving
Address		From To	Job Title
City		Describe your duties	
State	Zip		
Supervisor	Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Employer		Employed	Reasons for Leaving
Address		From To	Job Title
City		Describe your duties	
State	Zip		
Supervisor	Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Employer		Employed	Reasons for Leaving
Address		From To	Job Title
City		Describe your duties	
State	Zip		
Supervisor	Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**PERSONAL REFERENCES**

Please provide three (3) references other than those listed above

Name	Address	Telephone	Relationship

Print Name \_\_\_\_\_ Date \_\_\_\_\_

I understand if I am selected for this position I will be subject to a Police Background Check (fingerprinting) and a Child Abuse Registry Check and that my records must pass the requirements enforced for Child Care Facility employees by the Mississippi State Department of Health. I also understand that I must provide a current Certificate of Immunization Form 121 prior to beginning my employment. I also understand that I must submit documentation supporting my qualifications for the position listed above on this application as outlined in the Regulations Governing Licensure of Child Care Facilities and described to me by the interviewer.

I understand that by signing below I give my permission to Little Footprints Learning Center to perform all criminal records checks, a Child Abuse Registry check, previous employment checks and personal reference checks and any other checks required for employment by Little Footprints Learning Center and the Mississippi State Department of Health.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

**REFERENCE CHECKS**

**Prior Employment**

Person Contacted	Person Contacted	Person Contacted
Date Contacted	Date Contacted	Date Contacted
Telephone	Telephone	Telephone
Positive Reference <input type="checkbox"/> Negative Reference <input type="checkbox"/>	Positive Reference <input type="checkbox"/> Negative Reference <input type="checkbox"/>	Positive Reference <input type="checkbox"/> Negative Reference <input type="checkbox"/>
Comments	Comments	Comments

**Personal References**

Person Contacted	Person Contacted	Person Contacted
Date Contacted	Date Contacted	Date Contacted
Telephone	Telephone	Telephone
Positive Reference <input type="checkbox"/> Negative Reference <input type="checkbox"/>	Positive Reference <input type="checkbox"/> Negative Reference <input type="checkbox"/>	Positive Reference <input type="checkbox"/> Negative Reference <input type="checkbox"/>
Comments	Comments	Comments

**FOR OFFICE USE ONLY**

Reference Checks Completed Yes  No  Date Completed \_\_\_\_\_

Certificate of Immunization Form Yes  No  Date Received \_\_\_\_\_

Documentation of Required Education Yes  No  Date Received \_\_\_\_\_

Documentation of Director Qualification Yes  No  Date Received \_\_\_\_\_

Fingerprinting Yes  No  Date Completed by Employee \_\_\_\_\_

    Date submitted to MSDH \_\_\_\_\_ Date Approval Letter Received from MSDH \_\_\_\_\_

Child Abuse Registry Yes  No  Date Completed by Employee \_\_\_\_\_

    Date submitted to MSDH \_\_\_\_\_ Date Approval Letter Received from MSDH \_\_\_\_\_

Date of Employment \_\_\_\_\_ Date of Orientation \_\_\_\_\_

Date of Separation \_\_\_\_\_ Reason for separation from employment \_\_\_\_\_

\_\_\_\_\_