



# HourKids Walk-In Childcare Application for Employment

## Applicant Information

COMPLETE and ACCURATE information is REQUIRED

Applicant Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State Zip

Permanent Address: \_\_\_\_\_  
(if different from mailing address) Street Address Apartment/Unit #  
\_\_\_\_\_  
City State Zip

Previous Addresses w/in past 5 years: \_\_\_\_\_  
(if different from current address, attach additional sheet if needed) Street Address Apartment/Unit #  
\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Check One:  Mobile  Home

Position Applying For: \_\_\_\_\_

Date Available To Start: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If no, are you authorized to work in the US?  Yes  No

Have you ever worked for HourKids in the past?  Yes  No

If you have previously worked for HourKids? If so, dates of employment: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

## Education Information

Submission of TRANSCRIPTS, CERTIFICATIONS or other PROFESSIONAL DEVELOPMENT RECORDS is REQUIRED.

If you are attaching a resume with your EDUCATION history, check here:

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
City State

Dates attended: \_\_\_\_\_ Graduated?  Yes  No  
From To

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Graduated?  Yes  No  
From To

Other Post-Secondary Education: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Certificate/Graduated:  Yes  No  
From To

## Professional Development

Submission of TRANSCRIPTS, CERTIFICATIONS or other PROFESSIONAL DEVELOPMENT RECORDS is REQUIRED.

Infant/Child CPR & First Aid Certification is REQUIRED for all HourKids positions. If you do not currently possess this certification, you acknowledge that you will be required to obtain it within the first 90 days of employment.

List all training, courses, workshops, and conferences related to child development and early childhood education that you have completed. Attach additional pages if necessary.

If you are attaching a resume with your PROFESSIONAL DEVELOPMENT history, check here:

Course Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Certificate/License: \_\_\_\_\_  
if applicable

Course Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Certificate/License: \_\_\_\_\_  
if applicable

Course Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Certificate/License: \_\_\_\_\_  
if applicable

## Employment Information

List in order, beginning with your most recent employment. Attach additional pages if necessary.

If you are attaching a resume with your EMPLOYMENT history, check here:

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer:  Yes  No

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer:  Yes  No

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer:  Yes  No

## Professional References

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

## Disclaimer and Signature

I certify that the information I have provided in this application is true and factual to the best of my knowledge. I hereby give permission to HourKids Walk-In Childcare to review, verify and consider any and all information I have provided, unless otherwise indicated by me. If this application leads to employment, I understand that false or misleading information in any of my application materials or provided in my interview, may result in my immediate termination.

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

## Background Study Consent

We are requesting the following information to determine if you have been convicted of crimes which directly relate to the scope of services you may provide to HourKids Walk-In Childcare. Requesting this information is a REQUIRED part of the employment application process. While you are not required to provide this information, failure to do so may result in you not receiving an offer of employment from HourKids Walk-In Childcare.

The information requested below is private data by law. Your consent below authorizes the Minnesota Department of Human Services, Background Study Division, (DHS) to obtain criminal history information about you from the Minnesota Bureau of Criminal Apprehension, the Minnesota Court Information System, similar agencies in other states as necessary, and information obtained as a result of previous background studies conducted on you by DHS. Your consent allows the Minnesota Department of Human Services Background Studies Division to also continue receiving this information on an ongoing basis as new information about you becomes available to the agency from these sources.

I understand that the Department of Human Services, Background Study Division will compare criminal history received against the list of potentially disqualifying crimes listed under Minnesota Statutes, section 245C.15, and will report potentially disqualifying convictions and other criminal history obtained from the above sources to HourKids Walk-In Childcare. Unless I consent to further release of private information in excess of the consent provided below, access to this information will be limited to individuals whose jobs reasonably require access to this information. However, I understand that state and federal laws may authorize further release of private information without my consent. I acknowledge that should I be offered employment by HourKids, I will be required to obtain fingerprints and a photo, at my cost, through an approved MN Department of Human Services provider.

Current Legal Name: \_\_\_\_\_

First

Middle

Last

List ALL other names by which you have been known, legally or otherwise:

Include names changed by legal decree such as marriage or divorce, names changed by adoption, etc.

First

Middle

Last

First

Middle

Last

Birth Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

I authorize HourKids Walk-In Childcare to request a search of my record for any criminal history. I authorize the Minnesota Department of Human Services, Background Study Division to obtain the above information and to provide the information to HourKids Walk-In Childcare. I also authorize HourKids Walk-In Childcare to utilize any data received in such search in the employment application evaluation process.

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