

Silver Spoon Inc.

“An Equal Opportunity Employer”

Application For Employment

Date of Application ___/___/___

The Mississippi State department general requirements for Caregivers, Substitutes, Volunteers, and Service Staff:
Caregivers must be at least 18 years of age, and must have a minimum: a) A high school diploma or Equivalent (GED); or
b) A Child Development Associate (CDA) credential; or c) Three prior experience caring for children who are under the 13
years of age and who are not related to the caregiver within the third degree computed according to civil law.

Personal Information

Name: _____ Home _____

Phone: _____

Address: _____ City: _____

Zip Code: _____

Date of Birth: _____ SS# _____

Referred By: _____

Previous Address (Last 5 Years) _____

Cell Phone: _____

Emergency Phone: _____

Do you have your own transportation? _____

Do you have any Physical, Mental, or Medical Impairment or Disability that would
limit your job performance in the position for which you are applying?

_____ If Yes, Explain

Have you ever been convicted of a felony or been involved with a child abuse or
neglect court action or official investigation? _____

If Yes, explain _____

Have you ever applied for employment here before? _____

When _____

Position applied for today _____

What age groups do you prefer to care for? _____

Why? _____

What age group do you prefer not to care for? _____

Why? _____

Our operating hours are 6:30 a.m. to 6:00 p.m. Monday through Friday.

What Days and times can you work? _____

Times you can not work? _____

Reason? _____

Do you have any relatives that are now employed here? _____

Who? _____

Any previous employed relatives? _____ Who? _____

Do you have any relatives that are students here? _____

Who? _____

Any previous student relatives? _____

Who? _____

Do you have any children of your own? _____

Ages/Sex _____

Circle the ones who will need care at our center if you are hired.

Can you provide a doctor's statement verifying your physical ability to work in a childcare setting? _____

Date you can start? _____ Minimum salary expected? _____

Desired salary? _____ Salary at last place of employment? _____

Are you presently employed? _____

If so can we contact your present employer? _____ Phone # _____

Education Information

High School: _____ Location: _____

Graduate or GED Year: _____

List special courses, organizations and honors _____

College/ University, Trade, Business or Correspondence School _____

Location: _____

Years attended _____ Did you graduate? _____

Degree held and field of study _____

List special courses, organizations, and honors _____

List all courses of study or training earned in Early Childhood Education, Child Development, or Elementary Education _____

List any additional relevant experience you may have: _____

List any special talents: (Art, Music, Drama, Puppetry, Etc.) _____

Former Employers List

List most recent employers first:

Employer: _____ From: _____ to _____

Sal. _____

Phone: _____ Supervisor _____

Address: _____

Position Held: _____ Duties _____

Reason for leaving: _____

Employer: _____ From: _____ to _____

Sal. _____

Phone: _____ Supervisor _____

Address: _____

Position Held: _____ Duties _____

Reason for leaving: _____

Employer: _____ From: _____ to _____

Sal. _____

Phone: _____ Supervisor _____

Position Held: _____ Duties _____

Reason for leaving: _____

Employer: _____ From: _____ to _____

Sal. _____ Phone: _____ Supervisor _____

Address: _____

Position Held: _____ Duties _____

Reason for leaving: _____

Employer: _____ From: _____ to _____

Sal. _____ Phone: _____ Supervisor _____

Address: _____

Position Held: _____ Duties _____

Reason for leaving: _____

References

From a Non-Relative

1 from a previous employer (If none, 3 from non-relative are required)

Name: _____ Relationship: _____
Phone: _____ Business: _____
Address: _____
Years Known: _____

Name: _____ Relationship: _____
Phone: _____ Business: _____
Address: _____
Years Known: _____

Name: _____ Relationship: _____
Phone: _____ Business: _____
Address: _____
Years Known: _____

Name: _____ Relationship: _____
Phone: _____ Business: _____
Address: _____
Years Known: _____

Applicant's Statement

I am aware that a Criminal Background Check, Child Abuse Registry, and Finger Print is made on all employees.

I am aware that I must comply with the immunization requirements before employed.

I am aware that if employed, I am required by the State Health Department to complete 15 contract hours of staff development training annually which each employee is responsible for on their personal time and expenses are the employees. We require an additional 5 contact hours of staff development training annually which we will pay expenses and time.

I certify that answers given herein are true and complete to the best of my knowledge, and if employed, I understand that false or misleading information given in this application or interview shall be grounds for dismissal.

I authorize investigation of all statements contained in this application and the references and employers listed above to give any and all information they may have, personal or otherwise as may be necessary in arriving at an employment decision, and release the company from all liability for any damage that may result from utilization of such information.

I understand that this application is not intended to be a contract.

Please Sign: _____

Date: _____