

# APPLICATION FOR EMPLOYMENT

## **LITTLE PANTHER DAYCARE AND PRESCHOOL**

601 Panther Drive, PO Box 567

Panora, Iowa 50216

641.755.3003

[littlepanther@netins.net](mailto:littlepanther@netins.net)

The Little Panther Daycare and Preschool (LPDP) considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other non-work related factor.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling LPDP.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ SS #: \_\_\_\_\_

Have you ever applied for employment with the LPDP? \_\_\_\_\_

When? \_\_\_\_\_ Are you eligible to work in the United States? \_\_\_\_\_

Position Desired: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Full or part-time? \_\_\_\_\_

**EDUCATION**

Name and location of high school: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

High Schools	City/State	Years Attended	Degree Received	Subject - Major
		From: To:		
		From: To:		

College & Vocational Schools	City/State	Years Attended	Degree Received	Subject - Major
		From: To:		
		From: To:		

Additional information you wish to add: \_\_\_\_\_

\_\_\_\_\_

List all skills and certifications that may be relevant to the position applied for:

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Starting with the most recent describe your last three paid employment situations. Please attach resume if available.

1. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Wages: Start: \_\_\_\_\_ End: \_\_\_\_\_

Job title and duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Wages: Start: \_\_\_\_\_ End: \_\_\_\_\_

Job title and duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Wages: Start: \_\_\_\_\_ End: \_\_\_\_\_

Job title and duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

**MILITARY EXPERIENCE**

Did you serve in the US Armed Forces? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Describe your duties and any special training: \_\_\_\_\_

## EMPLOYMENT REFERENCES

List three references who can comment on your work experience and abilities.

Name / Relationship	Address	Phone

Have you ever been convicted of a crime other than a traffic violation? \_\_\_\_\_

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

The information provided in this application for employment and attached resume (if applicable) is true, correct and complete. I authorize investigation of all statements contained in this application. I understand any misstatement or omission of fact on this application may result in forfeiture on my part of any employment in the service of the LPDP. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application.

I further understand and agree that my employment is voluntary and at will, and for no definite period. It may be terminated by the LPDP or by me at any time, regardless of the date of payment of wages and/or salary, with or without just cause, and with or without previous notice.

I also understand that a pre-employment physical exam may be required for the position for which I am applying and agree to participate in the medical exam procedures administered by the LPDP and its associated medical professionals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname.

\_\_\_\_\_ I do not wish to furnish this information.

Ethnicity: \_\_\_\_\_ Hispanic or Latino  
                  \_\_\_\_\_ Not Hispanic or Latino

Race: \_\_\_\_\_ White  
          \_\_\_\_\_ Black or African American  
          \_\_\_\_\_ American Indian/Alaska Native  
          \_\_\_\_\_ Asian  
          \_\_\_\_\_ Native Hawaiian or other Pacific Islander

Gender: \_\_\_\_\_ Male  
          \_\_\_\_\_ Female

**TO BE COMPLETED BY LPDP WHEN EMPLOYMENT BEGINS:**

Date hiring approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date employment begins: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of pre-employment physical: \_\_\_\_\_ Pass Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency contact:

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

Address: \_\_\_\_\_ Day telephone: \_\_\_\_\_

Evening telephone: \_\_\_\_\_