JOB APPLICATION

Zoe Child Care Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below to be considered for employment:

APPLICANT INFORMATION	
Date of Application: Applicant Name: Address: City, State and Zip Code: Telephone Number: Email Address: Driver's License Number & State of Issue: Please list any place other than MN that you	have lived in over the past 5 years:
EMPLOYMENT POSITION	
Position(s) Applying For: How did you hear about this position?	

what days are you available for work?	
If needed, are you available to work overtime?	

On what date can you start working if hired?

Do you have reliable transportation to and from work? Salary Desired:

zoechildcarecenter.com 6345 Xerxes Ave S. Richfield, MN 55423 Main Office (612) 823-6822



ZOE ACADEMY CHILDCARE CENTER

PERSONAL INFORMATION				
Do you have any friends, relatives, or acquaintances working for Zoe Child Care Center?	YES	NO		
If "YES," please state name and relationship:				
Are you 18 years of age or older?	YES	NO		
Are you a U.S. Citizen or approved to work in the United States?	YES	NO		
What document(s) can you provide as proof of legal status?				
Do you have any condition which would require job accommodations?	YES	NO		
If "YES," please describe accommodations required below:				

Note: Zoe Child Care Center complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

YES

NO

If "YES," please state the nature of the crime(s), when and where convicted and disposition of the case:

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the vent, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

JOB SKILLS/QUALIFICATIONS

Please list below the skills and qualifications you possess for the position(s) for which you are applying:

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EDUCATION AND TRAINING

Highschool					
Name	Location (City, State)	Year Graduated	Degree Earned		
	College/Ur	iversity			
Name	Location (City, State)	Year Graduated	Degree Earned		
Vocational School/Specialized Training					
Name	Location (City, State)	Year Graduated	Degree Earned		
MILITARY					
Are you a member of the What branch of the milita		YES	NO		
How many years did you s military?	serve in the				
REVIOUS EMPLOYMENT					
Employer Name:Job Title:Supervisor Name:Employer Address:City, State and Zip Code:Employer Telephone:Dates Employed:Reason for Leaving:					
Employer Name:					

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Dates Employed:		
Reason for Leaving:		
Employer Name:		
Job Title:		
Supervisor Name:		
Employer Address:		
City, State and Zip Code:		
Employer Telephone:		
Dates Employed:		
Reason for Leaving:		
Reason for Leaving.		
REFERENCES		
Please provide 3 personal a	nd professional references be	ow:
Reference Name		Contact Phone Number

