

Kids' Kingdom Learning Center Employment Application

Employee Name _____ Home Phone _____

Social Security # _____ Other Phone _____

Address _____ Cell Phone _____

City/State/Zip Code _____ Date of Birth _____

Emergency Contact _____ Phone _____

Place of Employment _____ Relationship _____

Experience **in** Day Care Facility only/Education: (List babysitting experience on back of application.)

Beginning		Ending		Place of Employment	Job Title	Supervisor
Month	Year	Month	Year			
Month	Year	Month	Year	Educational Facility	Degree	Graduated

REFERENCES:

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

FOR OFFICE USE ONLY: Rate of Pay: _____ Verified Experience: _____

W4 _____ I9 _____ (Social Security Card ___/Driver License ___) State Tax Form _____

Orientation _____ Procedure Manual _____ FBI _____ Child Abuse _____