

APPLICATION FOR EMPLOYMENT

Kids SmART, Inc.

"From the Smarts to the Arts, developing the whole child!"

Kids' SmART, Inc. does not discriminate on the basis of age, race, color, religion, sex, marital status, disability or national origin.
An Equal Opportunity Employer

CONTACT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date _____

Date of Birth _____

Home Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Cell/Message Phone _____

Email Address _____

Mailing Address (If different from home address)

ADDITIONAL INFORMATION

Date Available _____ Minimum Acceptable Wage _____

Have you ever applied for employment with us? Yes No If yes: Month and Year _____

Are you 18 or older? Yes No

Position Desired _____ Will you accept: Full Time _____ Part Time _____ Substitute _____

PLEASE READ CAREFULLY AND SIGN BELOW

(You must read and sign this section in order to be considered for employment.)

I understand that if any offer of employment is extended I must comply with the following as a condition of continued employment.

I must complete an INS form and present documents establishing my identity and employment eligibility. I also understand that before employment my fingerprints and the appropriate forms regarding convictions for certain criminal offenses will be supplied to Kids' SmART, Inc.

I hereby certify that the information presented in this application is true, accurate and complete. I authorize the investigation of all statements contained in the application. Reference information which becomes a part of this record will be regarded as confidential and will not be available to me. I understand that misrepresentation, falsification or omission of pertinent facts will cause forfeiture on my part of all eligibility for any employment. I agree to submit other information as may be requested by Kids' SmART, Inc. after I am employed.

Signature: _____ Date: _____

720-550-6728 Fax: 720-550-6729

SKILLS

- | | |
|--|--|
| <input type="checkbox"/> Administrative/Billing | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Sign language |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Computer (PC) (Mac/Apple) |
| <input type="checkbox"/> BloodBorne Pathogens | <input type="checkbox"/> Typing _____ WPM |
| <input type="checkbox"/> Medication Administration | |

List any office machines that you can operate _____

List software programs in which you are proficient _____

Can you speak any languages other than English?

Speak _____

Write _____

Read _____

Licenses, Certificates, Professional Affiliations relative to the type of work for which you are applying

ECE Certification? Level _____

Is this verified on Colorado Shines? _____

EDUCATION

Have you completed high school/GED? YES NO

List all schools attended beyond high school/GED such as college, business school, trade school.
Please list in chronological order, beginning with the most recent.

Name of School	Dates Attended	Major/Minor	Degree Earned

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WORK EXPERIENCE

May we contact your current employer? YES NO
List your most recent employment first.

Employer _____ Work Phone _____

Address _____ City _____ State/Zip _____

Dates of employment: (Month and Year) From _____ To _____ Hours per Week _____

Job Title _____

Immediate Supervisor's Name _____ Title _____

Description of work _____

Reason for leaving _____

Employer _____ Work Phone _____

Address _____ City _____ State/Zip _____

Dates of employment: (Month and Year) From _____ To _____ Hours per Week _____

Job Title _____

Immediate Supervisor's Name _____ Title _____

Description of work _____

Reason for leaving _____

Employer _____ Work Phone _____

Address _____ City _____ State/Zip _____

Dates of employment: (Month and Year) From _____ To _____ Hours per Week _____

Job Title _____

Immediate Supervisor's Name _____ Title _____

Description of work _____

Reason for leaving _____

PROFESSIONAL REFERENCES (You MUST provide three (3) references who are not relatives or friends.)

Years known from _____ To _____

Name _____ Title _____

School/Company _____

Work Phone _____ Home Phone _____

E-Mail _____

Years known from _____ To _____

Name _____ Title _____

School/Company _____

Work Phone _____ Home Phone _____

E-Mail _____

Years known from _____ To _____

Name _____ Title _____

School/Company _____

Work Phone _____ Home Phone _____

E-Mail _____

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APPLICANT TESTIMONY

Because of the tremendous responsibility Kids' SmART, Inc. has to its children and community, the following information is needed from all applicants regarding convictions.* A record of conviction does not prohibit employment. However, failure to complete this form accurately may mean disqualification from consideration for employment or may be cause for consideration for dismissal if employed. **Carefully read and answer each question.**

Have you ever been convicted of a sex or drug related offense? _____

Have you ever been convicted of a felony? _____

*Conviction means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

If any of the questions above are answered "Yes" please fill in the information below.

CONVICTION INFORMATION

1. Charge _____ Date(s) _____

Disposition/Sentence or Judgment _____

Court & County/State _____

2. Charge _____ Date(s) _____

Disposition/Sentence or Judgment _____

Court & County/State _____

3. Charge _____ Date(s) _____

Disposition/Sentence or Judgment _____

Court & County/State _____

FAIR CREDIT REPORTING ACT (FCRA) AUTHORIZATION FORM

COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING INVESTIGATIVE CONSUMER REPORTS

I understand that as a condition of my consideration for employment, or as a condition of my continued employment, Kids SmART, Inc. may obtain a consumer report and/or investigative consumer report that includes, but is not limited to: employment and education verification; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent Kids SmART, Inc. and/or its designated agent, to procure such a report. I understand that pursuant to the federal Fair Credit Reporting Act, Kids SmART, Inc. will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making an adverse decision regarding my fitness for employment. I further understand that such report will be made available to me prior to any such adverse decision being made, along with that name and address of the reporting agency that produced the report.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____