



8805 RT 415 Campbell NY 14821  
(888) 845 5219 \* (607) 936 2300 fax

**APPLICATION FOR CHILDCARE EMPLOYMENT**  
Short Form

Please Print

**Date:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
                    First                                      Middle                                      Last                                      Other Names

**Current Address:** \_\_\_\_\_

**How long at current address?** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**How long at previous address?** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Are you authorized to work in the US?**                                       **Yes**                                       **No**

(Proof of eligibility will be required if hired.)

**What hours are you available to work?** \_\_\_\_\_

**EDUCATION:**

	Name of School	Address	Yrs completed	Major & Degree
<b>High School:</b>	_____	_____	_____	_____
<b>College:</b>	_____	_____	_____	_____
<b>Trade school:</b>	_____	_____	_____	_____
<b>Other:</b>	_____	_____	_____	_____

**DRIVING:**

**Drivers License Number and State issued:** \_\_\_\_\_

**Have you had any accidents in the last 3 years? If so, please explain:** \_\_\_\_\_

**Have you had any moving violations in the last 3 years? If so, please explain:** \_\_\_\_\_

If you will be driving children in your vehicle, is it insured? \_\_\_\_\_

**CRIMINAL:**

Have you ever been convicted of a crime?  Yes  No

If so, please explain: (date, nature of conviction, sentence imposed etc)

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

**REFERENCES:**

**Personal References** (other than relatives)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**WORK EXPERIENCE** (Please list your work experience for the past 10 years with most recent first)

**Name of Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_

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

**Name of Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_

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

**Name of Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_

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

May we contact your current employer?  Yes  No

I understand that an equal opportunity employer will consider this application for employment. I understand that the employer will not discriminate race, color, religion, gender, sexual orientation, national origin, citizenship, age, or disability.

I understand that if information contained in this application contains misleading, erroneous, false, or deceptive information I will not be considered for employment. I affirm that I have never been convicted of abuse, neglect or been the subject of a claim of abuse or neglect regarding children.

I affirm that while caring for children I will not consume or take any alcohol or narcotics or any other substance that may impair my ability to care for children.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Release Form

I, \_\_\_\_\_ hereby authorize CheckYourSitter.com (Herein referred to as CYS) to generate reports in connection with my application for employment. These reports may include, but are not limited to the following information: bankruptcy records, criminal records, driving records, education verification, employment verification and workers compensation records from local, state federal and private agencies who maintain such records.

I authorize any party or agency contacted by CYS, or its agent(s) to furnish the aforementioned information and hereby release CYS from any and all claims that may arise from disclosure or non-disclosure. I have the right to make a request to CYS, to request the nature and substance of information in its files and recipients of any reports, which CYS has previously furnished within the two-year period.

I hereby authorize the release of any and all consumer reports. This authorization shall remain on file and shall serve as on-going authorization for you to generate consumer reports at any time during my employment period this includes checking my driving record at anytime during employment.

Full Name \_\_\_\_\_

Other Names Known by \_\_\_\_\_

Current Address \_\_\_\_\_

Former Addresses (list most recent first for 10 years prior)

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

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dr License Number \_\_\_\_\_ State issued \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective Employer \_\_\_\_\_