

Circle one: Downtown Blue Springs Northland Barry Road Platte City

**SPECTRUM STATION**  
Early Learning Center

# Application for Employment

## An Equal Opportunity Employer

Thank you for your interest in joining our team at Spectrum Station ELC. We are dedicated to providing the highest quality early learning program and childcare center. We appreciate your taking the time to complete this application. Spectrum Station is firmly committed to the practice of equal employment opportunity. All applicants will be given equal consideration regardless of race, sex, age, disability, sexual orientation, marital status, color, religion, or national origin.

All interested applicants are required to complete an application and must include the following information in order to be considered for a position: 1) position applied for and date of application; 2) information required by law including social security and eligibility to work in the United States; 3) complete employment history including the name of previous employers, dates of employment, rate of pay, and reason for leaving; 4) signature of applicant. Each potential employee must provide a minimum of three verifiable references.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (As listed on Drivers License)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

What position are you applying for? \_\_\_\_\_ Salary Requirements? \_\_\_\_\_

Do you have a preferred age group? \_\_\_\_\_ When are you available to start? \_\_\_\_\_

Full time? \_\_\_ or Part time? \_\_\_ Do you have any scheduling conflicts or requirements? \_\_\_\_\_

Have you ever been convicted, pled guilty, pled "no contest", or had a court withhold adjunction for any crime, felony or misdemeanor? (Do not include traffic violations) YES \_\_\_ NO \_\_\_ If yes, give details concerning the type, date of crime, date of conviction or plea, the penalty imposed, and any other circumstances you deem relevant to understanding the circumstances of what occurred.

Please list County \_\_\_\_\_ State \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Have you ever been sued in a civil action with regard to the death of or personal injury or intentional damage to any other person: YES \_\_\_ NO \_\_\_ If yes, give details concerning the nature of the claims and defenses raised by the parties, the outcome of the action, and any other circumstances you deem relevant to a full understanding of what occurred: \_\_\_\_\_

A conviction will not necessarily disqualify you from employment. However, certain crimes will prohibit an applicant from being considered for employment, which include crimes against children, sexual crimes, and certain others. Neglect and abuse screenings will be conducted on each employee and is a consideration for continued employment.

The state of Missouri requires that employees in childcare be at least 18 years of age. Are you at least 18? YES NO

Do you have a legal right to work in the United States: YES NO If not, you are not eligible to work at this facility. If yes, you must be willing to provide identification/documentation showing proof of citizenship or employment authorization and your identity.

**Employment History/References** (List most recent references first)

Company name: \_\_\_\_\_ Date Employed: \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary upon leaving: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position held/duties/responsibility: \_\_\_\_\_  
 Reason for leaving? \_\_\_\_\_

Company name: \_\_\_\_\_ Date Employed: \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary upon leaving: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position held/duties/responsibility: \_\_\_\_\_  
 Reason for leaving? \_\_\_\_\_

Company name: \_\_\_\_\_ Date Employed: \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary upon leaving: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position held/duties/responsibility: \_\_\_\_\_  
 Reason for leaving? \_\_\_\_\_

**Education** (Include any schools/specialized courses/technical school attended)

| School attended/location | Dates Attended | Major/Degree | Hours Complete |
|--------------------------|----------------|--------------|----------------|
| _____                    | _____          | _____        | _____          |
| _____                    | _____          | _____        | _____          |

**Additional certifications** achieved (CPR, First Aid, Food handlers permit, etc.)

| Certification | Date Achieved |
|---------------|---------------|
| _____         | _____         |
| _____         | _____         |

**Additional References** (Business, professional, or personal references other than former employers or relatives)

| Name     | Phone contact | Relationship | Years known |
|----------|---------------|--------------|-------------|
| 1) _____ | _____         | _____        | _____       |
| 2) _____ | _____         | _____        | _____       |
| 3) _____ | _____         | _____        | _____       |

Please include any other information you feel would like to be taken under consideration for employment:

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

### Spectrum Station Criminal Background Screening Release

I authorize the release of all criminal records maintained by local, state, and federal criminal bureaus, agencies, and departments, where allowed by law, including child abuse and child protection registries, to SPECTRUM STATION.

I understand that this information will become part of my employment record and may be used to determine my eligibility for employment with SPECTRUM STATION.

I unconditionally release Spectrum Station and any local, state, and federal agencies and their agents and/or employees from any legal liability in any way related to or arising from the provisions or utilization of such records. A photocopy of this release shall have the same force and effect as the original signed by me.

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

Applicant's Name (print) and address: \_\_\_\_\_

### Spectrum Station Reference Check Release

I authorize any person, including but not limited to, any school, current or past employer or organization disclosed in my application, resume, interview or new hire paperwork, to provide information regarding myself, including information concerning my performance, reputation, character, and fitness to supervise children. This information may exclude medical records/information.

I acknowledge that the information divulged may be used by SPECTRUM STATION to determine my eligibility for employment with Spectrum Station.

I unconditionally release any person, school, employer, organization or entity from any and all legal liability for providing such information and in making statements about my experience and work history to SPECTRUM STATION.

A photocopy of this release shall have the same force and effect as the original signed by me.

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

### Applicant Certification Agreement and Release

I understand that any false answers or statement or omissions made by me on this application, or any false statements made to a representative of SPECTRUM STATION during the interview process, will be sufficient grounds for immediate termination, no matter when the information is discovered.

I understand that, if hired, I will comply with all state regulations in the completion of educational courses or in-service classes during the time frames designated by the state licensing agencies. I further understand that failure to complete required educational courses or in-service classes may result in termination.

I recognize that employment with SPECTRUM STATION is not for any specific term or length of time and can be terminated by me or SPECTRUM STATION at any time, for any reason, with or without cause.

I understand that any potential offer of employment is conditional, pending the results of criminal background checks, reference checks, abuse and neglect screenings, and satisfaction of all state licensing requirements. I further understand that SPECTRUM STATION will not tolerate abuse of any kind against a child. Any abuse of a child will result in immediate termination. In addition, I understand that adequate supervision of children under my care is a requirement of my position. Lack of appropriate supervision of children is grounds for immediate termination.

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