

**ARK CHILD DEVELOPMENT CENTER  
505.662.4822  
EMPLOYMENT APPLICATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Full Time or Part Time Available Days: \_\_\_\_\_

Available Start Date: \_\_\_\_\_ Have you previously worked at ARK? \_\_\_\_\_ Dates> \_\_\_\_\_

Do you have any relatives or friends working here? \_\_\_\_\_

**EDUCATION**

EDUCATION	SCHOOL NAME	MAJOR	YRS ATTEND	GRADUATE? Y or N	DIPLOMA/DEGREE	MM/YR
HIGHSCHOOL		NA				
COLLEGE						
GRAD SCHOOL						

EMPLOYER	PHONE	DATES	JOB TITLE	SALARY

1. This job potentially required working with all ages of children. Do you have physical condition that would require special accommodations to perform this work? If so, provide details. Y or N

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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2. Are you currently subject to restrictions concerning any physical work, such as lifting 20-40 pounds regularly, walking, bending, standing most of the day on job? If so, provide details Y or N

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

3. Working in a child care facility will require background checks including fingerprinting. Are you willing to proceed with these processes? Yes No

4. Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the care, guidance and supervision of the people placed in your charge? Yes No

Explain> \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References** – Please list names and phone numbers of people familiar with your character as it relates to your recent work experience. References will be contacted.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I Understand That:**

- ❖ This document does not constitute an employment relationship
- ❖ The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides such information.
- ❖ I certify that all the statements in the application are true and correct. I understand that if I misrepresent any information on the application, I may forfeit any rights to Worker’s Compensation Benefits and may be terminated.

**Affirmation**

In signing this application, I affirm that the information I have provided is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_