

**Little Boots Early Learning Center**  
**Application for Employment**

11840 Delaware Ct. Northglenn, CO 80234  
Phone: (303) 452-8200 | LITTLEBOOTSLEARNING@GMAIL.COM

Interview Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

## PERSONAL INFORMATION

Name (Last Name, First Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years or over: \_\_\_\_ YES \_\_\_\_ NO

Referral Source (Circle):    Advertisement    Facebook/Social Media    Friend    Relative    Walk-In  
Other: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Are you currently Employed? \_\_\_\_ YES \_\_\_\_ NO

If yes, may we contact your employer? \_\_\_\_ YES \_\_\_\_ NO

Have you ever been arrested (includes sex-related or child abuse offense)? \_\_\_\_ YES \_\_\_\_ NO

If yes, please explain:

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

Have you ever been convicted of a felony \_\_\_\_ YES \_\_\_\_ NO

If yes, please explain:

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

Are you able to lift children and sit on the floor? \_\_\_\_ Yes \_\_\_\_ No

Are your hours flexible? \_\_\_\_ YES \_\_\_\_ NO

Are you willing to work the afternoon and/or closing shift (9am to 6pm)? \_\_\_\_ YES \_\_\_\_ NO

## EDUCATION HISTORY

	Name & Location of School	Years Attended?	Did You Graduate?	Subjects Studied
High School:				
College/University:				
Trade, Business or Other School:				
Subjects of special study or research (qualifying work experience, i.e., home, volunteer work, etc.):				
Other special skills or training (languages, computers, etc.):				

## PREVIOUS EMPLOYMENTS

(Starting with the most recent, list your last four employers below)

Duration (MM/YY)	Name, Address, and Phone Number of Employer	Position	Reason for Leaving	May we contact? (circle)
From: _____ To: _____	_____ _____ _____			Yes / No
From: _____ To: _____	_____ _____ _____			Yes / No
From: _____ To: _____	_____ _____ _____			Yes / No
From: _____ To: _____	_____ _____ _____			Yes / No
From: _____ To: _____	_____ _____ _____			Yes / No

## REFERENCES

(Give the names of three persons not related to you, whom you have known at least one year)

Full Name	Best Phone #	Business	Years Known

## PHILOSOPHY

Briefly describe your philosophy on early childhood education. If you are unsure, please describe why you want to work in the Early Childhood Education field.

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## AUTHORIZATION

I certify that the facts contained in this application are true, correct and complete to the best of my knowledge. I also understand that any false statements given on this application will constitute grounds for dismissal of my employment.

I also authorize the investigation of all written statements contained herein and that any agents of Little Boots ELC are allowed to obtain information concerning my previous employment and any pertinent information resultant from that investigation.

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Applicant's Signature

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Date