Precious O	Gifts Pr	eschool				Staff Employment Applicatio 0100 Rev: 03/10/202
6-11-6						
General Information				9	E 11E 1	V-1
Name (Last, First, MI)					Social Security	Number
			la.			To a s
Current Address (Street)			City		State	Zip Code
					E.	
Phone Number		Alternative Phone Number		Referred By		
Employment Desired						
Position			Date You Can Start		Desired Salary	
Are you currently employed?	☐ Yes	□ No	If yes, may we contact y	our current employer?	☐ Yes	□ No
Have you ever applied to Precious Gifts	Preschool?		☐ Yes ☐ No	When?		
Do you have freinds, relatives, or acqua	intances working	for Precious Gifts Preschool?		If yes, who?		
What days are you available to work?			Yes No	N		C
Check all that apply.	Monday	3-0.07-0.07-0.0	Vednesday 🔲 🏾	nursday 🗀 i	riday 📮	Saturday Sunday
What shifts are you available to work? Check all that apply.	☐ 1st Shif	t: 7am - 3pm 🔲 2nd	l Shift: 3pm - 11p	om 🔲 3rd Sl	nift: 11pm -	7am
Do you have reliable transportation to a	nd from work?	□ Yes □ No	If needed, are you availa	ble to work overtime?	□ Yes	□ No
El II				-		
Education History	N	had 8.T and the (City State)	Years Attended	Did You Graduate?		Californi Caralli, A
	Name of Sci	hool & Location (City, State)	Tears Attended	Did fou Graduate.		Subjects Studied
High School						
College						
Trade, Business, or Correspondence School						
Skills & Qualifications						
Subject of Special Study/Research Worl						
Special Training						
Special Skills						
U.S. Military or Naval Service			Rank			
Employment History						
DD/MM/YYYY	Name	& Address of Employer	Salary	Positio	0	Reason for Leaving

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Persnal Information					
Are you a United States Citizen or appr	roved to work in the United States?	☐ Yes ☐ No			
N 2000	ony or misdemeanor? If yes, please describe the natu	A10110 A1010 A1010	where you were convicte	ed, and the disposition	of the case.
References					
References	Email Address	Ph	one Number	Profession	Years Known
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	Email Address	Ph	one Number	Profession	Years Known
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	Email Address	Ph	one Number	Profession	Years Known
	Email Address	Pho	one Number	Profession	Years Known
	Email Address	Pho	one Number	Profession	Years Known

ismissal.	t the facts contained i	n this application	are true and complete to the	best of my knowledge an	d understan	d that, if employed, falsified st	tatements on this appl	ication shall be grounds fo
authorize i						any and all information conce by result from utilization of suc		aployment and any pertine
			of the company has any authory an authory an authorized company re		ement for e	mployment for any specified p	period of time, or to m	ake any agreement contra
his waiver ws.	does not permit the re	lease or use of di	isability-related or medical in	nformation in a manner pro	ohibited by	the Americans with Disabilitie	s Act (ADA) and othe	er relevant federal and state
ompany wi	ll provide me with a w	vritten notice rega		ts and will also obtain a se		ach reports are required, I unde en authorization from me to co		
	ce with federal law, all mu upon hire.	l persons hired w	rill be required to verify iden	tity and eligibility to work	in the Unit	ed States and to complete the r	equired employment	eligibility verification
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ppearance		□ No	Positon			Will Report Date	Salary	
ppearance	□ Yes	□ No	Positon				Salary	
ppearance ersonality	□ Yes	□ No	Positon			Oct 17, 2025	Salary	
ppearance	□ Yes	□ No	Positon			Oct 17, 2025 Oct 17, 2025	Salary	
Approved	□ Yes	□ No	Positon			Oct 17, 2025	Salary	



Childcare Staff Applicant Questionnaire

	Applicant Name (Last, First, MI)		Date
1.	What appeals to you about taking care of childre	n?	
2.	Describe your childcare experience.		
3.	How would you discipline a child?		
4.	Have you ever had to deal with an emergency?	If so, what happened and ho	ow did you handle it?

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5.	What do you find to be the most challenging aspect of working with children?
6.	What do you like to do in your free time?
7	How do you think your closest friends would describe you and your personality with children?
8.	How would you handle a crying baby?
9.	How would you handle a temper tantrum?
10.	How do you feel about toilet training?

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11. Have you had any recent illnesses which might in any way hinder your ability in caring for the children?
12. Do you have dependable transportation?
13. Have you ever been in trouble with the law?
14. Are you willing to attend training sessions annually?
15. Do loud noises bother you?
16. Do you have CPR or First Aid training?
17. How do you feel about changing diapers?
18. Do you like to clean and cook?
19. Can you get down on the floor and play with children?

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20. Do yo	ou smoke?		
21. Are y	ou vaccinated?	If not, are you planning to be vaccinated?	

Thank you for taking the time to complete this questionnaire. It will help us in evaluating you for the position.