

BASIC beginnings



Early Learning Center

1474 N 19th Street Laramie, WY 82072
Phone: 307-745-5755 Fax: 307-745-1552
Email: jalawren@wyoming.com

3520 Garfield Street Laramie, WY 82070
Phone: 307-742-9332 Fax: 307-742-3662
www.basicbeginningsinc.com

APPLICATION FOR EMPLOYMENT

NAME _____
ADDRESS _____
E-MAIL _____
POSITION SOUGHT _____

ARE YOU 18 OR OLDER? _____
ARE YOU 21 OR OLDER? _____
PHONE _____
ALT. PHONE _____

Do you prefer _____ FULL TIME or _____ PART TIME? If part-time, specify days and hours available.

MON _____ TUES _____ WED _____ THUR _____ FRI _____

Preferred age group INFANTS TODDLERS PRESCHOOL GRADE SCHOOL

Why? _____

Date available for work _____

EDUCATIONAL BACKGROUND (Please attach transcripts and/or resume)

HIGH SCHOOL _____
LOCATION _____

DID YOU GRADUATE? YES NO

COLLEGE _____
LOCATION _____

NUMBER OF YEARS STUDIED* _____
DEGREE EARNED? YES NO
PROJECTED GRADUATION DATE _____
FIELD OF STUDY _____

COLLEGE _____
LOCATION _____

NUMBER OF YEARS STUDIED* _____
DEGREE EARNED? YES NO
PROJECTED GRADUATION DATE _____
FIELD OF STUDY _____

OTHER (please specify) _____
LOCATION _____

DEGREE/CERTIFICATE EARNED? YES NO
PROJECTED COMPLETION DATE _____

** Transcripts and/or certificates required*

Do any of these apply to you?

- I am currently certified in Pediatric First Aid and CPR.
- I have completed a new **Central Registry Screen Form**** and attached it to this application.
- I have completed a new **Fingerprint Card**** and attached it with this application.
- I have attached a resume, transcripts and relevant training records.
- I have completed a TB test and have attached a current copy of those results.
- I am willing to participate in occasional after-hours programs.
- I understand that additional training requirements may be required by WY Dept. of Family Services and NAEYC.

****Details are available on the website at www.basicbeginningsinc.com/employment.**

These must be submitted with original signatures.

PERSONAL REFERENCES

Name _____ Relationship _____

Email _____ Phone _____ Alt. Phone _____

Name _____ Relationship _____

Email _____ Phone _____ Alt. Phone _____

Name _____ Relationship _____

Email _____ Phone _____ Alt. Phone _____

EMPLOYMENT HISTORY (Please list beginning with most recent)

Employer _____ Position held _____

Address _____

Phone _____ or _____ Supervisor _____ May we contact? _____

Dates employed from _____ to _____ Reason for leaving _____

Description of responsibilities _____

Employer _____ Position held _____

Address _____

Phone _____ or _____ Supervisor _____ May we contact? _____

Dates employed from _____ to _____ Reason for leaving _____

Description of responsibilities _____

Employer _____ Position held _____

Address _____

Phone _____ or _____ Supervisor _____ May we contact? _____

Dates employed from _____ to _____ Reason for leaving _____

Description of responsibilities _____

The facts and information set forth in this application are true and correct. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal.

SIGNATURE _____ DATE _____

This institution is an equal opportunity provider.