

# 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](http://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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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.