



# TLC for Tots

Employer Name: TLC for Tots

DOB:

Position Desired:

Date:

## PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number
Address	Message Number
City/State/Zip	E-mail Address

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are You Applying For: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	What Shift(s) Can You Work? <input type="checkbox"/> Early <input type="checkbox"/> Midday <input type="checkbox"/> Late	May We Contact Previous Employers? <input type="checkbox"/> Yes <input type="checkbox"/> No

## EMPLOYMENT HISTORY - Begin With Most Recent Employment

Dates From	To	Company Name	City, State
Titles and Duties / Rate of Pay –			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties/ Rate of Pay –			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties/ Rate of Pay –			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties/ Rate of Pay –			

<b>Reason for Leaving:</b>	<b>Supervisor's Name</b>	<b>Telephone Number</b>
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**EDUCATION/TRAINING** - Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School	Name & Location	Diploma/Degree	Subject Of Specialization
College/University			
Specialized Courses & Training (CPR / First Aid)			

**PROFESSIONAL & TECHNICAL INFORMATION** - To Be Completed for Licensed/Registered Positions

Idaho Registration No.	Expiration Date	Certificate No.	Expiration Date
If not licensed in Idaho, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		If licensed in another state, list:	

**OTHER SPECIAL SKILLS** - List Other Specific Skills You Have to Offer for This Job Opening:

**PROFESSIONAL REFERENCES** - Give the Names of Three Persons Not Related to You

Name	Address	Telephone	Occupation

The information on this application is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions to the best of your ability. I am looking for honest answers, not just what you would think I would want to hear.

1. Why do you want to work here?
2. What interests you most about the job?
3. How is your experience relevant to this job?
4. How many days were you absent from work in the last 6 months you were employed?
5. How do you manage stress in your daily work?
6. What was the most rewarding aspect of your most recent job?
7. How do you handle criticism?
8. Have you ever been fired? Why?
9. Do you change your job frequently? Why?
10. What is the toughest job you had? Why?
11. What is your weakness?

12. What is the reason for you leaving your last job?

13. What do you do with your spare time?

14. Has your work ever been criticized? Did you feel it was fair?

15. Describe a major goal you have set for yourself?

16. What personal trait is needed to be a success in this job?

17. Have you worked for a difficult person? How did you handle it?

18. How flexible are you?

19. How do you deal with change?

20. Name 4 times you should wash your hands while working with children?

22. What are your feelings about discipline?