

## **APPLICATION FOR EMPLOYMENT**

The Diamond Child Development 115D Macedonia Road Gaffney, SC 29341

Application Date:\_\_\_\_\_

PERSONAL INFORMATION	[			
Full Name:				
		Last	Prefers to be called State: Zip:	
Cell Phone:	SS	.#:	Birthdate:	
Email:		Marital Status:		
Emergency Contact:	Phone:		Relation:	
Ages of children needing childca	are:			
The answers to the following q thorough and honest in your a	uestions MAY of	r MAY NOT preven	nt us from hiring you. Please be	
		ne? If yes,	Date and details of incident:	
-		•		
			vices or any other agency involving the	
EDUCATION HISTORY				
You MUST be able to provide	a copy of your D	piploma or GED in o	order to be hired.	
High School Attended			Received 🗖 Diploma 🗖 GED	
College(s) Attended		1	Major:	
EMPLOYMENT INFORMAT	TION			
When can you start:	Hours	available to work:		
Why are you interested in worki	ng at The Diamor	nd?		
Are you related to anyone that ha	as been or is curre	ently employed with u	us? If yes, who?	

## **EMPLOYMENT HISTORY**

Most Recent Employer		Phone:		
Address:		City:	State:	Zip:
Dates of Employment	to	Reason for leaving:		
Next Recent Employer			Phone:	
Address:		City:	State:	Zip:
		Reason for leaving:		
Recent Employer			Phone:	
Address:		City:	State:	Zip:
Dates of Employment	to	Reason for leaving:		

## My signature below indicates that I understand the following:

- A Doctor's Physical and a TB Test are conditions of my employment and if hired I will be responsible obtaining these at my own cost and on my own time.
- CPR and FIRST AID and 15 hours of continuing education are conditions of my employment and if hired I will be responsible for attending a course provided by The Diamond on my own time.
- If I terminate my employment with The Diamond within six (6) Months of my hire date, any costs associated with my hiring will be deducted from my finial check.
- All information on this application is true and correct, if any information is found to be false, my employment may be terminated immediately.

Signature

Office Use Only								
Start Date: Legal Date: Termination Date	Starting Pay:							
	Date Increase							
Reason for Termination								
Worked Notice? Eligible for Rehire: Rehire Date:	·							
Door/Procare Code: Endeavors #								