



arts 4 kids

a specialty child care center

Oshkosh Center: 400 City Center Suite D, Oshkosh, WI 54901
 NFDL Center: 923 Minnesota Ave., Ste B, Fond du Lac, WI 54937

Phone: 920-303-9498
 Phone: 920-924-9975

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position Applied For:		Date of Application:		
How did you learn about us?				
Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Telephone Number		Work: _____		
Home: _____		Cell: _____		
Email: _____				
Best time to contact you? _____			Can we contact you at work? Y / N	

- Are you 18 years of age or older? Y / N
- Have you ever filed an application with us before? Y / N If yes, what date? _____
- Have you ever been employed with us before? Y / N If yes, what date? _____
- Do any of your friends or relatives, other than spouse, work here? Y / N
 - If yes, state name, relationship, and location _____
- Are you currently employed? Y / N
- May we contact your current employer? Y / N
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment) Y / N
- Arts 4 Kids requires a background check on all employees and prospective employees. Are you willing to submit a background check? Y / N

Date available for work: ____ / ____ / ____ What is your desired salary range? _____

Work availability:

Full Time (Please indicate shift: 1 2 3)

Part Time (Please indicate: Mornings Afternoon Evening)

Temporary (Please indicate dates available: ____ / ____ / ____ to ____ / ____ / ____)

Education

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional College				

Childcare Education *Must provide copy of all certification*

How many college credits in Early Childhood Education have you earned? _____

CPR certification: Y / N SIDS training: Y / N

Shaken baby syndrome training: Y / N

What level are you on The Registry? _____

Other childcare certification: _____

Childcare Work Experience

Start with your present or last job. Include any childcare-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer:	Job Title:
Address:	Supervisor:
Phone number:	Dates Employed:
Reason for leaving:	May we contact? Y / N
Dates Employed: From ___/___/___ To ___/___/___	
Description of Job Duties:	

Employer:	Job Title:
Address:	Supervisor:
Phone number:	Dates Employed:
Reason for leaving:	May we contact? Y / N
Dates Employed: From ___/___/___ To ___/___/___	
Description of Job Duties:	

Employer:	Job Title:
Address:	Supervisor:
Phone number:	Dates Employed:
Reason for leaving:	May we contact? Y / N
Dates Employed: From ___/___/___ To ___/___/___	
Description of Job Duties:	

Personal/Professional References *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation

Are you willing to have a background check completed? Y / N

If no, explain _____

Have you ever been convicted of a felony? Y / N

If yes, explain _____

Additional Information

Summarize special job related skills and qualifications acquired from employment or other experience.

Applicant's Statement

- I certify that answers given herein are true and complete.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

BACKGROUND CHECK REQUEST

This form is required to request a background check under the provisions of Wis. Stat. § 48.686 and Wis. Admin. Code § DCF 12.03 for licensure, certification, employment or residency at a child care center. Failure to complete this form may result in a delay processing your application, adding a household member or determining eligibility for employment.

Providing your social security number is voluntary. However, not providing it could delay the background check process. The personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.

SECTION A – INDIVIDUAL'S DETAILS *Asterisked items are required fields.

*First Name		Middle Name	*Last Name	
Alias Names (Including Maiden Name)			Email Address	
*Primary Phone Number	*Primary Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Secondary Phone Number	Secondary Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Social Security Number		*Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		*Birth Date (mm/dd/yyyy)

Race

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other – More Than One Category | |

***Language**

- | | | | | |
|---|----------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Greek | <input type="checkbox"/> Norwegian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> English | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other – | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Bosnian / Croatian / Serbian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Russian | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> German | <input type="checkbox"/> Laotian | <input type="checkbox"/> Somali | <input type="checkbox"/> Vietnamese |

***Check the role that best applies to you:**

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Facilities Staff | <input type="checkbox"/> Minor Employee (under age 18) | <input type="checkbox"/> Student Teacher |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Household Member (18 or older) | <input type="checkbox"/> Other Caregiver | <input type="checkbox"/> Teacher – Assistant |
| <input type="checkbox"/> Applicant/Licensee | <input type="checkbox"/> Household Member (under age 18) | <input type="checkbox"/> Other Non-caregiver | <input type="checkbox"/> Teacher – Lead |
| <input type="checkbox"/> Director | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Provider | <input type="checkbox"/> Teacher – Substitute |
| <input type="checkbox"/> Director – Assistant | <input type="checkbox"/> Kitchen Staff | <input type="checkbox"/> Site Supervisor | <input type="checkbox"/> Trainer |
| | | <input type="checkbox"/> Student Intern | <input type="checkbox"/> Volunteer |

***Physical Home Address**

Address	City	County / Tribe	State	Zip Code
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***Mailing Address** Check here if same as physical address. **NOTE:** Confidential information will be sent to this address.

Address	City	County / Tribe	State	Zip Code
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List the name and address of the agency or program to receive background check eligibility information—for example, child care center, potential employer, licensing or certifying agency, higher education institution, etc. (optional)

Continue to the next page.

SECTION B –BACKGROUND INFORMATION	YES	NO
1. Have you been discharged in the last three years from a branch of the U.S. Armed Forces, including reserves duty? ➤ If yes, indicate the year of discharge in the space below and attach a copy of your DD 214 – Certificate of Release or Discharge from Active Duty or other discharge papers.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently reside outside of, or have you in the last five years resided outside of, Wisconsin? ➤ If yes, list each state including counties and the dates you lived there. If you lived outside the US, list the city, country and dates. Attach a separate page if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families, a county department, a private child placing agency, school board or tribe? ➤ If yes, provide all of the following information and attach a copy of the review decision. Attach additional pages if necessary. <ul style="list-style-type: none"> • Date of the rehabilitation review • Result of the review • Agency that conducted the review 	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any pending criminal charges, or were you convicted of any crime? Include all offenses in federal, state, county, local, military and tribal courts. ➤ If yes, provide all of the following information for each conviction or pending charge: <ul style="list-style-type: none"> • Description of the conviction or charge • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Date of the arrest or conviction if applicable • Location of the court (city and state) • Type of jurisdiction (federal, state, county, local, military or tribal) <p>Note: You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you ever adjudicated delinquent by a court of law or tribal court when you were aged 10 to 17 years old? Include all offenses in federal, state, county, local, military and tribal courts. ➤ If yes, provide all of the following information for each offense: <ul style="list-style-type: none"> • Description of the crime or offense • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Location of the court (city and state) <p>Note: You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently, or have you ever been, required to be registered on a national, state or tribal sex offender registry? ➤ If yes, provide all of the following information: <ul style="list-style-type: none"> • Location of the registry • Reason for registration • Length of time required to be registered 	<input type="checkbox"/>	<input type="checkbox"/>

Continue to the next page.

SECTION B –BACKGROUND INFORMATION (continued)

YES

NO

7. Are you currently the subject of an investigation or has there ever been a finding against you for abuse, neglect or misappropriation (theft) of property of a child, adult or elderly person?
- If yes, provide all of the following information for each incident:
- Explanation of the incident
 - Date the incident occurred (month and year)
 - Location where the incident occurred (city and state)
 - Name of the agency that is conducting the investigation or has made the finding
8. Do you have a government issued credential or license that is not current or is limited as to restrict you from providing care to clients? Examples of credentials or licenses include foster care, nurse, teacher, real estate, child care license or certification.
- If yes, provide all of the following information for each limitation or restriction:
- Credential name
 - Explanation of the situation
 - Limitations or restrictions placed on the credential
 - Time period of the limitations or restrictions

Note: A "NO" answer to all questions in Section B does not guarantee eligibility for employment, residency, or regulatory approval.

SECTION C – SIGNATURE INFORMATION**1. Sign Here If You Are Completing This Form on Behalf of Another Person**

I understand that by signing below, to the extent I am providing this information about someone else, I am certifying that I have made a complete and diligent inquiry regarding the truthfulness and completeness of this statement and I believe this information to be accurate. I understand that by knowingly providing false information or omitting information I may be subject to forfeitures and other sanctions as provided by law.

Print Full Name

Signature

Date Signed

2. Sign Here If You Are Completing This Form for Yourself

I understand that by signing below I am attesting, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in me not being eligible to hold a license or certificate to operate, reside at or be employed at a child care center, and that I may be subject to forfeitures and other sanctions as provided by law.

Print Full Name

Signature

Date Signed