

# The Potter's House Pre-School Employment Application

Name \_\_\_\_\_ D.O.B \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Position Applied For \_\_\_\_\_

(Director, Assistant Director, Caregiver, Caregiver Assistant, Service Staff, Other)

## Education

High School \_\_\_\_\_

Graduated Yes or No      Diploma Yes or No      Date Received \_\_\_\_\_

If no circle the highest grade completed      6 7 8 9 10 11 12      or      GED      Yes or No

| College | Field | Hrs. Completed | Degree | Year Graduated |
|---------|-------|----------------|--------|----------------|
|         |       |                |        |                |
|         |       |                |        |                |
|         |       |                |        |                |

Special training or professional certificates that you may have attained( CDA, OCY Directors Credential, etc.) \_\_\_\_\_

## PREVIOUS EMPLOYMENT EXPERIENCE

| Name of Employer | Employed             | Reason for Leaving                  |
|------------------|----------------------|-------------------------------------|
| Address          | From _____ To _____  | Job Title                           |
| City             | Describe your Duties | Starting Pay _____ Ending Pay _____ |
| State            | Zip                  |                                     |
| Supervisor       | Telephone            | May we contact this employer Y/N    |

| Name of Employer | Employed             | Reason for Leaving                  |
|------------------|----------------------|-------------------------------------|
| Address          | From _____ To _____  | Job Title                           |
| City             | Describe your Duties | Starting Pay _____ Ending Pay _____ |
| State            | Zip                  |                                     |
| Supervisor       | Telephone            | May we contact this employer Y/N    |

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|------------------|----------------------|-------------------------------------|
| Address          | From _____ To _____  | Job Title                           |
| City             | Describe your Duties | Starting Pay _____ Ending Pay _____ |
| State            | Zip                  |                                     |
| Supervisor       | Telephone            | May we contact this employer Y/N    |

## PERSONAL REFERENCES

Do you know any persons employed or enrolled inside of any of the Potter's House Centers, if so please list their names and your relationship with them, please know this will not effect your employment opportunity inside of the centers

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Please provide any personal references other than the persons listed above**

| Name  | Address | Telephone | Relationship |
|-------|---------|-----------|--------------|
| _____ | _____   | _____     | _____        |
| _____ | _____   | _____     | _____        |
| _____ | _____   | _____     | _____        |
| _____ | _____   | _____     | _____        |

Print Name \_\_\_\_\_ Date \_\_\_\_\_

I understand if I am selected for this position I will be subjected to a Police Background Check (fingerprinting) and a Child Abuse Registry Check and that my records must pass the requirements enforced for the Child Care Facility employees by the Mississippi Department of Health. I also understand that I must provide a current Certificate of Immunization Form 121 prior to beginning employment. I also understand that I must submit documentation supporting my qualifications for the position listed above on an application as outlined in the *Regulations Governing licensure of Child Care Facilities* and described to me by the interviewer.

I understand that by signing below I give my permission to \_\_\_\_\_ to perform all criminal record checks, a Child Abuse Registry Check, previous employment checks and personal reference checks and any other checks required for employment by \_\_\_\_\_ and the MS State Dept. of Health.

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

**DO NOT WRITE BELOW THIS LINE**

**REFERENCE CHECKS  
 Prior Employment**

| Person Contacted       | Person Contacted       | Person Contacted       |
|------------------------|------------------------|------------------------|
| Date Contacted         | Date Contacted         | Date Contacted         |
| Telephone              | Telephone              | Telephone              |
| Positive Reference Y/N | Positive Reference Y/N | Positive Reference Y/N |
| Comments               | Comments               | Comments               |
|                        |                        |                        |
|                        |                        |                        |

|   |           |                                  |
|---|-----------|----------------------------------|
| Reference Checks Completed                | Yes or No | Date                             |
| Completed _____                           |           |                                  |
| Certificate of Immunization Form 121      | Yes or No | Date Received _____              |
| Documentation of Required Education       | Yes or No | Date Received _____              |
| Documentation of Director's Qualification | Yes or No | Date Received _____              |
| Fingerprinting                            | Yes or No | Date Completed by Employee _____ |

Date Submitted to MSDH \_\_\_\_\_ Date Approval Letter Received from  
MSDH \_\_\_\_\_  
Child Abuse Central Registry Yes or No Date Completed by  
Employee \_\_\_\_\_  
Date Submitted to MDHS \_\_\_\_\_ Date Approval  
Received \_\_\_\_\_  
Date of Employment \_\_\_\_\_ Date of Orientation \_\_\_\_\_  
Date of Separation \_\_\_\_\_ Reason for Separation from employment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_