



**Triple R
Child Care**
Building a foundation for learning

9500 W La Porte Rd
Mokena, IL 60448
Ph: (708) 479-4646
Fax: (708) 478-2182

APPLICATION FOR EMPLOYMENT

Employees of Triple R Child Care and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

PERSONAL INFORMATION

Name		Social Security no.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone no.	Referred by:		

EMPLOYMENT DESIRED

Position (Teacher, Teacher's Aide, Substitute, etc.)		Date You Can Start	Salary Desired
Are You Employed?	If so, may we inquire of your present employer?	Have you ever applied to Triple R before?	
Days and Times Available for Employment:	Full or Part Time?	Age/Class Preference?	

EDUCATION HISTORY

Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business, or Correspondence School			

TRAINING/CERTIFICATION

Are you CPR or First Aid certified?	If yes, when does your training expire?
Other Certification, Training, or Continuing Education:	

FORMER EMPLOYERS (*List below last four employers, starting with last one first*)

Date, Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

CONTINUED ON OTHER SIDE

CHILD CARE EXPERIENCE *State fully your child care experience to include work in licensed child care centers, public or private schools, recreation programs, volunteer work, or as a registered family child care provider. Student teaching or supervised practicum experience may be included.*

Name of Organization	Dates of involvement	Activity

REFERENCES *Give below the names of three persons not related to you, whom you have known at least one year.*

Name	Phone Number	Business	Years Known

GENERAL INFORMATION

Any additional information

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

-----DO NOT WRITE BELOW THIS LINE-----

INTERVIEWED BY _____ DATE _____

REMARKS/COMMENTS

Use the 'Submit to Triple R' button to attach & send your application. If it doesn't work, please save your application and e-mail it to support@triplerchild.com