



1700 W 10th Ave • Broomfield, CO 80020 • phone 303-358-9341 • www.lilfriends.org

\*Please attach your resume and unofficial transcripts

\*Print out, hand fill in and scan/email to Shelly Cox - Executive Director - [shelly@lilfriends.org](mailto:shelly@lilfriends.org)

## Job Application

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

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Referred by: \_\_\_\_\_

Available Starting Date: \_\_\_\_\_ Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_

If yes, where? \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied for a position at Lil' Friends in the past? Yes \_\_\_\_ No \_\_\_\_ If yes, when \_\_\_\_\_

In the space below please give us some idea of the times you are available to work, also, please fill in other commitments such as school schedule, work, etc.:

### Available days and times

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

### Other Commitments (school schedule - please attach copy of official class schedule)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Number of hours available per week: \_\_\_\_\_ Maximum \_\_\_\_\_ Minimum \_\_\_\_\_

**EDUCATION AND TRAINING:**

	NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATION DATE	MAJOR FOCUS
HIGH SCHOOL				
COLLEGE				

*(If hired, please be prepared to supply a copy of your college transcripts)*

Subjects of Special Study or Research Work: \_\_\_\_\_

**All potential employees must be certified in Infant/Child/Adult CPR, First Aid and Universal Precautions prior to employment, if not certified employee must be willing to become certified.**

Are you certified in Infant/Child CPR? Yes\_\_\_\_\_ No\_\_\_\_\_ exp. date\_\_\_\_\_

Are you certified in Adult CPR? Yes\_\_\_\_\_ No\_\_\_\_\_ exp. date\_\_\_\_\_

Are you certified in Standard First Aid? Yes\_\_\_\_\_ No\_\_\_\_\_ exp. date\_\_\_\_\_

Are you certified in Universal Precautions? Yes\_\_\_\_\_ No\_\_\_\_\_ exp. date\_\_\_\_\_

Do you have your early childhood teacher qualification? Yes\_\_\_\_\_ No\_\_\_\_\_ exp. date\_\_\_\_\_

**WORK EXPERIENCE:**

(Most recent first)

1. Employer\_\_\_\_\_ Job Title\_\_\_\_\_

Dates Employed\_\_\_\_\_ to \_\_\_\_\_ Hours per week: \_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ Job Title\_\_\_\_\_ Supervisor\_\_\_\_\_

Starting Salary\_\_\_\_\_ Ending Salary\_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer\_\_\_\_\_ Job Title\_\_\_\_\_

Dates Employed\_\_\_\_\_ to \_\_\_\_\_ Hours per week: \_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ Job Title\_\_\_\_\_ Supervisor\_\_\_\_\_

Starting Salary\_\_\_\_\_ Ending Salary\_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe circumstances: \_\_\_\_\_  
\_\_\_\_\_

Briefly describe experiences you have had working with persons with disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain briefly your reasons for wanting to work as a Respite Care Child Care Specialist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical conditions or restrictions that may limit your ability to perform the job applied for?

*(Please see job description for physical requirements of the job)*

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested, convicted of a misdemeanor or felony, or have a current criminal charge pending?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, please notify:

1. \_\_\_\_\_  
Name Address Phone #

Relationship: \_\_\_\_\_

2. \_\_\_\_\_  
Name Address Phone #

Relationship: \_\_\_\_\_

**REFERENCES:**

List three professional references not related to you (include at least one previous employer). Please give consideration to your references since all will be contacted and asked to complete a short questionnaire.

1. \_\_\_\_\_  
Name Address, Zip Phone Relationship Years Known

2. \_\_\_\_\_  
Name Address, Zip Phone Relationship Years Known

3. \_\_\_\_\_  
Name Address, Zip Phone Relationship Years Known

**PLEASE READ CAREFULLY BEFORE SIGNING**

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired.

I authorize the verification of any or all information listed above.

In accordance with State and Federal Laws, Lil' Friends is required to complete a criminal background check. I understand that my employment is conditional upon receiving a favorable response.

Should I be employed by Lil' Friends, I agree to undergo and satisfactorily pass a medical examination prior to employment at my expense.

I have read the Child Care Specialist job description and understand the general responsibilities and policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date of Hire: \_\_\_\_\_ (To be filed out by Lil' Friends)