

LITTLE MILESTONES CHILDCARE CENTER

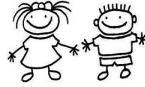
508-388-7802

602 Teaticket Highway

Teaticket, MA 02536

Mailing: PO Box 287, Mashpee, MA 02649

LittleMilestones@Mail.com



Office Use Date Hired:

Orientation Completed:

Personal Information

Name:

Address:

City:

State:

Zip Code;

Phone#:

Cell Phone#:

Employment Desired

Desired Position:

Date you can begin:

Desired Salary: per hour:

Education

High School:

Years Attended:

Street Address:

City:

State:

Zip Code

College:

Years Attended:

Street Address:

City:

State:

Zip Code

Other:

Years Attended:

Street Address:

City:

State:

Zip Code

References

Please list one Family Member, one Personal Reference and two Professional References

Name: _____ *Office USE Verified:* _____ *Date:* _____
Address: _____
City: _____ State: _____ Zip Code; _____
Phone#: _____ Cell Phone#: _____
Relationship: _____ Years Known: _____

Name: _____ *Office USE Verified:* _____ *Date:* _____
Address: _____
City: _____ State: _____ Zip Code; _____
Phone#: _____ Cell Phone#: _____
Relationship: _____ Years Known: _____

Name: _____ *Office USE Verified:* _____ *Date:* _____
Address: _____
City: _____ State: _____ Zip Code; _____
Phone#: _____ Cell Phone#: _____
Relationship: _____ Years Known: _____

Name: _____ *Office USE Verified:* _____ *Date:* _____
Address: _____
City: _____ State: _____ Zip Code; _____
Phone#: _____ Cell Phone#: _____
Relationship: _____ Years Known: _____

- I certify that the facts presented in this application are true and complete.
- I authorize Little Milestones to investigate all statements made in this application and to any references given, while releasing Little Milestones from any liabilities and or damages.
- In the event of employment, I UNDERSTAND that should any statements made in this application or during the interview proves to be false, that this may be grounds for immediate dismissal.
- I UNDERSTAND that there is no state or implied minimum length of employment and that should I be hired that I agree that my employment may be terminated at any time, without prior notice or just cause.
- I certify that I am legally entitled to work in the United States and that all permits are still valid.

Signature: _____

Date: _____