



La Crèche Early Childhood Centers, Inc.

1800 Olson Memorial Highway Minneapolis, MN 55411 612-377-1786

300 South Cedar Lake Road Minneapolis, MN 55405 612-374-1430

1120 Oliver Avenue North Minneapolis, MN 55411 612-377-1786

www.lacrechekids.org lacrechekids@hotmail.com

EMPLOYMENT APPLICATION	DATE:	HOME PHONE ()
FULL NAME:	BUSINESS PHONE: ()	
ADDRESS:	CITY:	STATE: ZIP:
POSITION APPLYING FOR:	SOCIAL SECURITY NUMBER:	

DO YOU MEET THE QUALIFICATIONS OF THE DHS LICENSING RULES FOR THE POSITION YOU ARE APPLYING?
 YES NO (PLEASE CIRCLE ONE)

ARE YOU RELATED TO ANY PAST OR PRESENT EMPLOYEES OF LA CRÈCHE?
 YES NO (PLEASE CIRCLE ONE) WHO? _____

DO YOU HAVE LEGAL RIGHTS TO WORK IN THE UNITED STATES?
 YES NO (PLEASE CIRCLE ONE)

AT WHICH SITE WOULD YOU PREFER TO WORK?	WERE YOU REFERRED BY SOMEONE? IF YES, WHO?
SALARY DESIRED:	DATE AVAILABLE:
ARE YOU OVER THE AGE OF 16? YES OR NO	DOB / /
EMERGENCY CONTACTS	
NAME ADDRESS	NAME ADDRESS
RELATIONSHIP PHONE	RELATIONSHIP PHONE

EDUCATION

HIGH SCHOOL NAME:	CITY	STATE
BUSINESS OR TECHNICAL SCHOOL NAME:	CITY	STATE
DEGREE, MAJOR:		
UNDERGRADUATE COLLEGE NAME:	CITY	STATE
DEGREE, MAJOR		
GRADUATE SCHOOL NAME:	CITY	STATE
DEGREE, MAJOR		

WORK EXPERIENCE

Please provide the most recent employment first. Each major promotion should be listed as a separate position.

JOB TITLE:	FROM:	TO:
EMPLOYER:	ADDRESS:	
PHONE: ()	CURRENT OR ENDING SALARY:	
JOB TITLE:	FROM:	TO:
EMPLOYER:	ADDRESS	
PHONE: ()	CURRENT OR ENDING SALARY:	
JOB TITLE:	FROM:	TO:
EMPLOYER:	ADDRESS	
PHONE: ()	CURRENT OR ENDING SALARY:	

REFERENCES

PLEASE LIST AT LEAST 3 REFERENCES FAMILIAR WITH YOUR SKILLS, OTHER THAN RELATIVES AND FRIENDS.			
NAME	ADDRESS	OCCUPATION	PHONE
NAME	ADDRESS	OCCUPATION	PHONE
NAME	ADDRESS	OCCUPATION	PHONE

I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED TO LA CRÈCHE ON THIS APPLICATION, AND MATERIALS I HAVE SUBMITTED IN ADDITION TO THIS APPLICATION, ARE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE