


**La Crèche**  **Early Childhood Centers, Inc.**  
 1800 Olson Memorial Highway Minneapolis, MN 55411 612-377-1786  
 1120 Oliver Avenue North Minneapolis, MN 55411 612-377-1786  
[www.lacrechekids.org](http://www.lacrechekids.org)    [lacrechekids@hotmail.com](mailto: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)    WHOM? \_\_\_\_\_  
**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            /    /
<b>EMERGENCY CONTACTS</b>	
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

## State of Minnesota Background Study Worksheet

*First Name:	SSN:
Middle Name: (X if <i>none</i> )	*Date of Birth
*Last Name:	*Race:
Suffix:	*Sex:
PERMANENT PHYSICAL ADDRESS	*Eye Color:
*Address Line 1:	*Hair Color:
Address Line 2	*Height:
*City:	*Weight:
*State:	US Citizen:
*Zip Code:	*Place of Birth:
*County:	Valid Phone Number:
Mailing Address (If Different from Permanent Address):	Phone Type:
E-mail Address:	Secondary Phone:
	Secondary Phone Type:
Prior Names and Aliases:	Prior Addresses:
DL # or State ID #:	Expiration Date: __/__/__
State of Issue:	
<input type="checkbox"/> *The individual reports that they have not been known by any other names	<input type="checkbox"/> *The individual reports that they have not lived out of state during the specified time frame
<i>Prior Names and Aliases, including maiden names, married names, name changes, and any name the person has used or been known by. These are required for the background study to be valid and are required by law.</i>	<i>Prior states within the U.S., other than Minnesota the person has lived within the past five years:</i>

