



1340 W. Wyomissing Blvd, West Lawn, PA 19609 \* Phone (610)985-0313 \* Fax (610)985-0294 \* [info@kidzparadise.org](mailto:info@kidzparadise.org)

| <b>Employment Application</b>  |         |                |                    |
|--|---------|----------------|--------------------|
| Please Print. Illegible or incomplete applications will not be accepted.   |         |                |                    |
| Date of Application:   |         |                |                    |
| Applicant Name:  |         |                |                    |
| Name)  | (First) | (Middle)       | (Last) (Preferred) |
| I am applying for the position of:   |         |                |                    |
| (Check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute (as needed) <input type="checkbox"/> Seasonal                               |         |                |                    |
| Have you applied for a position at Kidz Paradise in the past or are you a former employee of Kidz Paradise?  |         |                |                    |
| <input type="checkbox"/> No, I have never applied for a position at Kidz Paradise. This is my first time.  |         |                |                    |
| <input type="checkbox"/> Yes, I have applied for a position at Kidz Paradise but was never employed by Kidz Paradise.  |         |                |                    |
| <input type="checkbox"/> Yes, I am a former employee of Kidz Paradise. Previous position: _____  |         |                |                    |
| <input type="checkbox"/> I did school observations at Kidz Paradise.   |         |                |                    |
| Phone number:  |         | Email Address: |                    |
| Address:   |         |                |                    |
| (Street address)   |         | (City)         | (State) (Zip)      |
| Have you lived outside PA in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, where?  |         |                |                    |
| *Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No  |         |                |                    |
| Were you referred to a position with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who?  |         |                |                    |
| Desired starting salary:   |         |                |                    |
| Kidz Paradise is open Monday thru Friday 6:30am to 3:30pm. Our early shifts go by seniority, however we sometimes have earlier shifts available for staff. Please tell us what shifts you are available for. |         |                |                    |
| <input type="checkbox"/> I am available to work any shift, any day.  |         |                |                    |
| <input type="checkbox"/> I am available to work the following days and times: (please list full availability)  |         |                |                    |
| o Monday    ___:___ am/pm to ___:___ am/pm   |         |                |                    |
| o Tuesday    ___:___ am/pm to ___:___ am/pm  |         |                |                    |
| o Wednesday    ___:___ am/pm to ___:___ am/pm  |         |                |                    |
| o Thursday    ___:___ am/pm to ___:___ am/pm   |         |                |                    |
| o Friday    ___:___ am/pm to ___:___ am/pm   |         |                |                    |
| When are you available to start employment?  |         |                |                    |
| <input type="checkbox"/> I am available immediately.   |         |                |                    |
| <input type="checkbox"/> I would be available to start after the following date: _____   |         |                |                    |
| <input type="checkbox"/> Other: _____  |         |                |                    |
| Are you legally eligible to work in the US on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> NO  |         |                |                    |



| Street Address                         | Supervisors Name   |                   |                    |                          |            |      |          |      |                               |
|--|--|-------------------|--------------------|--------------------------|------------|------|----------|------|-------------------------------|
| City, State                            | May we contact this supervisor?  |                   |                    |                          |            |      |          |      |                               |
| Phone                                  | If so, what is your supervisor's contact information? (email or phone) |                   |                    |                          |            |      |          |      |                               |
| Job title                              |  |                   |                    |                          |            |      |          |      |                               |
| Job responsibilities in this position? |  |                   |                    |                          |            |      |          |      |                               |
| Reason for leaving?                    |  |                   |                    |                          |            |      |          |      |                               |
| Name and Location of Workplace         | Age Group  |                   |                    |                          | Start Date |      | End Date |      | Average hours worked per week |
|  | Infant (0-12mo)  | Toddler (13-36mo) | Preschool (3-5yrs) | School-Age (grade range) | Month      | Year | Month    | Year |                               |
| Name                                   |  |                   |                    |                          |            |      |          |      |                               |
| Street Address                         | Supervisors Name   |                   |                    |                          |            |      |          |      |                               |
| City, State                            | May we contact this supervisor?  |                   |                    |                          |            |      |          |      |                               |
| Phone                                  | If so, what is your supervisor's contact information? (email or phone) |                   |                    |                          |            |      |          |      |                               |
| Job title                              |  |                   |                    |                          |            |      |          |      |                               |
| Job responsibilities in this position? |  |                   |                    |                          |            |      |          |      |                               |

| Reason for leaving?                    |  |                   |                    |                          |            |      |          |      |                               |
|--|--|-------------------|--------------------|--------------------------|------------|------|----------|------|-------------------------------|
|  |  |                   |                    |                          |            |      |          |      |                               |
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| Name                                   |  |                   |                    |                          |            |      |          |      |                               |
| Street Address                         | Supervisors Name   |                   |                    |                          |            |      |          |      |                               |
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| Phone                                  | If so, what is your supervisor's contact information? (email or phone) |                   |                    |                          |            |      |          |      |                               |
| Job title                              |  |                   |                    |                          |            |      |          |      |                               |
| Job responsibilities in this position? |  |                   |                    |                          |            |      |          |      |                               |
|  |  |                   |                    |                          |            |      |          |      |                               |
| Reason for leaving?                    |  |                   |                    |                          |            |      |          |      |                               |
|  |  |                   |                    |                          |            |      |          |      |                               |

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| Name   |  |                   |                    |                          |               |      |          |      |                               |
| Street Address   | Supervisors Name   |                   |                    |                          |               |      |          |      |                               |
| City, State  | May we contact this supervisor?  |                   |                    |                          |               |      |          |      |                               |
| Phone  | If so, what is your supervisor's contact information? (email or phone) |                   |                    |                          |               |      |          |      |                               |
| Job title  |  |                   |                    |                          |               |      |          |      |                               |
| Job responsibilities in this position?   |  |                   |                    |                          |               |      |          |      |                               |
|  |  |                   |                    |                          |               |      |          |      |                               |
| Reason for leaving?  |  |                   |                    |                          |               |      |          |      |                               |
|  |  |                   |                    |                          |               |      |          |      |                               |
| <b>Employment References</b><br>(Kidz Paradise WILL contact these individuals)   |  |                   |                    |                          |               |      |          |      |                               |
| List at least three (3) individuals to verify your employment experiences (supervisors, administrators, principals, or other individuals who would have firsthand knowledge of your professional abilities, experiences, work habits, and any other qualifications you may hold. |  |                   |                    |                          |               |      |          |      |                               |
| Name   | Title  | Employer Name     | Employer Address   | Phone Number             | Email Address |      |          |      |                               |
| 1.   |  |                   |                    |                          |               |      |          |      |                               |
| 2.   |  |                   |                    |                          |               |      |          |      |                               |

|    |  |  |  |  |  |
|----|--|--|--|--|--|
| 3. |  |  |  |  |  |
|----|--|--|--|--|--|

**Clearances**

All Kidz Paradise employees must attain the following clearances, as required by Pennsylvania law, through DHS:

- State Police Clearance
- Child Abuse Clearance
- FBI Clearance
- National Sex Offenders Registry (NSOR)

Additionally, all employees who have resided outside of Pennsylvania within the previous five (5) years must attain the following clearances from the state(s) in which they resided:

- State Criminal Background Check
- State Sex Offenders Registry Check
- State Child Abuse and Neglect Registry Check

**Statement of Truth**

I certify that all the statements made by me in this application for employment are true, complete, and correct to the best of my knowledge and belief and are in good faith. I understand that misrepresentation of information shall be sufficient cause for rejecting my application, withdrawing of any offer of employment or termination of my employment.

Applicant Signature:

Date:

An open and equitable personnel system has been established and will be maintained. Personnel policies, procedures and practices are designed to prohibit discrimination based on race, color, religious creed, disability, ancestry, national origin, age, gender, sex, or sexual orientation. Employment opportunities shall be provided for applicants with disabilities where acceptable and reasonable accommodation shall be made to meet physical or mental limitations of qualified applicants or employees.

November 2024

***For Office Use Only***

*Application Received Date:*

*Application Reviewed by:*

*Date:*

*Application Status:*     *Accepted*

*Rejected (reason):* \_\_\_\_\_

*Interview by:*

*Date:*

*Employment Offer Date:*

*Start Date:*