

**Dreamland Education Center**

875 W. Franklin Road  
Meridian, ID 83642  
PH: (208)288-2282 Fax: (208)288-2998

**Dreamland Learning Center**

2501 N. Stokesberry Place  
Meridian, ID 83646  
PH: (208)288-2205 Fax: (208)288-1015

**APPLICATION FOR EMPLOYMENT**

Pre-Employment Application

Equal Opportunity Employer

**Personal and Employment Information:**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Referred By: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Days Available: M T W TH F Full Time / Part Time Age Preference: \_\_\_\_\_

Date Available To Start: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_

Please list any hours unavailable to work: \_\_\_\_\_

Have you ever applied to this company before? \_\_\_ Yes \_\_\_ No If Yes, when \_\_\_\_\_?

Are you currently employed? \_\_\_ Yes \_\_\_ No

If so, may we contact your present employer? \_\_\_ Yes \_\_\_ No

**Education History:**

High School: \_\_\_\_\_ Did you graduate? \_\_\_ Yes \_\_\_ No

College: \_\_\_\_\_ Did you graduate? \_\_\_ Yes \_\_\_ No

If yes, type of Degree or Major \_\_\_\_\_

Trade/Business or

Correspondence School: \_\_\_\_\_ Did you graduate: \_\_\_ Yes \_\_\_ No

Other special training or courses: \_\_\_\_\_

Are you planning to further your education? \_\_\_ Yes \_\_\_ No If so, when \_\_\_\_\_

**Please list 3 references not including past supervisors or relatives.**

Name	Phone #	Occupation	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Current / Former Employers – Please indicate last 3 employers**

1. Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
2. Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
3. Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
- 

**Additional Information**

Have you ever been convicted of a crime or felony? \_\_\_\_ Yes \_\_\_\_ No

If so, please explain:

---

---

Do you have a State Daycare License? \_\_\_\_ Yes \_\_\_\_ No

Do you have a current Boise City Child Care License? \_\_\_\_ Yes \_\_\_\_ No

Are you current with your CPR certification? \_\_\_\_ Yes \_\_\_\_ No

Are you current with your First Aid certification \_\_\_\_ Yes \_\_\_\_ No

“I authorize that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize Dreamland to investigate any and all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Dreamland has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

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