

Thank you for your interest in joining the Growing Together Preschool team! Please complete the attached application and supporting documents to be considered for an interview. Completed applications and supporting documents can be submitted to Cerise@GrowingTogetherPreschool.org or delivered to:

Growing Together Preschool

599 Lima Drive

Lexington, KY 40511

**APPLICATION CHECKLIST**

**Required before being considered for an interview:**

☐ Evidence of negative Tuberculin test – either results of a skin test or a statement from a health care provider.

☐ Central Registry Check (criminal background check)

☐ Request for Convictions Records/Child Care

**Required before beginning employment:**

☐ Medical Examination Form completed and signed by health care provider

☐ Copy of Driver’s License

☐ Copy of Social Security Card

☐ Copy of Diploma or transcript for highest level of education

☐ 2 Employee References

The following are **not required** to be considered for employment. However, if you have the completed these trainings, copies of these certificates are due before beginning employment:

☐ Orientation 1 & 2

☐ Pediatric Abusive Head Trauma

☐ First Aid

☐ CPR

☐ Blood Borne Pathogens

☐ Child Development Associate Credential (CDA)



APPLICATION FOR EMPLOYMENT

(ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR AN INTERVIEW)

|  |  |
| --- | --- |
| NAME: | DATE: |
| ADDRESS: | PHONE: |
| EMAIL: |
| DESIRED POSITION: | EXPECTED SALARY: |

**EDUCATION BACKGROUND:**

|  |  |  |
| --- | --- | --- |
| NAME OF HIGH SCHOOL: | LOCATION: | GRADUATION DATE: |
| NAME OF COLLEGE: | LOCATION | MAJOR: |
| DEGREE: |
| GRADUATION DATE: |
| CDA: | \_\_ INFANT/TODDLER\_\_ PRESCHOOL | EXPIRATION DATE: |
| OTHER TRAININGS: | EXPIRATION DATE: |
| ORIENTATION 1 & 2 | N/A |
| PEDIATRIC ABUSIVE HEAD TRAUMA | N/A |
| FIRST AID |  |
| CPR |  |

**EMPLOYMENT HISTORY:**

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYER/ADDRESS | SUPERVISOR | RESPONSIBILITIES | DATES OF EMPLOYMENT |
|  |  |  |  |
| PHONE: |
|  |  |  |  |
| PHONE: |
|  |  |  |  |
| PHONE: |

MAY WE CONTACT YOUR CURRENT SUPERVISOR? YES NO

**REFERENCES:**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | ADDRESS | OCCUPATION | PHONE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

|  |
| --- |
| WHY DO YOU WANT TO WORK AT GROWING TOGETHER PRESCHOOL? |
| WHAT IS YOUR PHILOSPHY OF BEHAVIOR GUIDANCE? |
| WHAT ARE YOUR GOALS FOR THE NEXT FIVE YEARS? |
| WITH WHAT AGE GROUP DO YOU PREFER TO WORK? EXPLAIN. |
| WITH WHAT AGE GROUP WOULD YOU ABSOLUTELY NOT WORK? EXPLAIN. |
| DESCRIBE A CHALLENGING EXPERIENCE IN DISCIPLINING A CHILD. EXPLAIN YOUR ACTIONS AND THE OUTCOME. IF THE SITUATION COULD HAVE BEEN HANDLED DIFFERENTLY, WHAT CHANGES WOULD YOU MAKE? |
| ADDITIONAL COMMENTS: |

**AGREEMENT:**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision. In the event of employment, I understand that false information given on my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Growing Together Preschool, Inc.

I solemnly swear that I have do not have a record of child abuse or child sexual abuse.

|  |  |
| --- | --- |
| SIGNATURE OF APPLICANT: | DATE: |

GROWING TOGETHER PRESCHOOL IS AN EQUAL OPPORTUNITY EMPLOYER



MEDICAL STATEMENT

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant or Employee: |  | Date of Birth: |  |

Since Growing Together Preschool is vitally involved with the physical and emotional development of the child, we are concerned about the health of the persons involved in the care of young children. Thank you for taking time to complete a physical examination and completing this report.

Duties and responsibilities will include lifting of young children up to 50 pounds and some picking up and moving of furniture and equipment and contact with blood, urine and fecal matter. In your opinion, is this applicant free of any physical defect that would prevent the performance of the above listed duties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your opinion, is the applicant free of disease or serious mental or emotional handicaps that would be determine to the children and adults with whom the applicant will be working? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evidence of a negative tuberculin test is required.**

Type of test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of physical exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CENTRAL REGISTRY CHECK**

**FOR THE FOLLOWING TYPES OF EMPLOYMENT, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT. KENTUCKY ADMINISTRATIVE REGULATIONS MAY BE FOUND ON THE INTERNET AT http://www.lrc.ky.gov/kar/titles.htm. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:**

**Day Care Related Categories**

[ ]  Day Care Center Employee or Volunteer (Required by 922 KAR 2:090)

[ ]  Applicant for Day Care Center Licensure (Required by 922 KAR 2:090)

[ ]  Registered Child Care Provider Applicant (Required by 922 KAR 2:180)

**Other Categories**

[ ]  Foster/Adoption/Independent Living Agency Employee (Required by 922 KAR 1:310)

[ ]  Residential Child-Caring Facility Employee (Required by 922 KAR 1:300)

 (Institution/Group Home/Emergency/Wilderness)

[ ]  IMPACT-PLUS Subcontractor (Required by 907 KAR 3:030)

[ ]  Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

**Other** (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver’s license, social security card, or birth certificate):

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(first) (middle) (maiden/nickname) (last)

**Sex: \_\_\_ Race: \_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_

**Date of Initial Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City State Zip Code

**Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City State Zip Code

**Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City State Zip Code

**Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City State Zip Code

**Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

A check or money order made payable to the “Kentucky State Treasurer” in the amount of ten dollars ($10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment. Mail check or money order to:

The Cabinet for Health and Family Services

DCBS/Division of Child Care

275 East Main St., 3C-F

Frankfort, Kentucky 40621

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and provide the results of the check to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

 \_\_\_\_\_\_\_\_\_

Signature of the Individual Submitting to the Child Abuse or Neglect Check Date

 \_\_\_\_\_\_\_\_\_

Witness Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet to disclose additional information regarding a substantiated finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

**NAME OF EMPLOYER/AGENCY:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**  \_\_\_\_\_\_ **CITY**: \_\_\_

**STATE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ZIP:**   **PHONE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

#### [ ]  No reportable incident found in accordance with 922 KAR 1:470.

#### [ ]  Substantiated child abuse found on the registry Date of substantiated finding: \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Substantiated child neglect found on the registry Date of substantiated finding: \_\_\_\_\_\_\_\_\_\_\_\_

# CHECK CONDUCTED ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



GROWING TOGETHER PRESCHOOL, INC.

599 LIMA DRIVE

LEXINGTON, KY 40511

859 255-4056

**EMPLOYEE REFERENCE**

|  |  |
| --- | --- |
| APPLICANT: | POSITION APPLIED: |

You have been named as a reference by the above individual, who is applying for a position in our preschool. I appreciate your cooperation in the completion of the following information. I assure you that any information furnished will be held in strictest confidence. The Family Education Rights and Privacy Act of 1974 does not affect the confidentiality of your reference.

Thank you.

Cerise Bouchard,

Executive Director

How long have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What position did the applicant hold?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your official relationship to the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you related to the applicant?\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you employ or rehire this applicant for a similar vacancy in your organization?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the applicant was a previous employee, give reason for termination of employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State any exceptional physical or personal qualities of the applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate by check mark ( ) in appropriate column, your rating of applicant in the qualities listed below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  EXCELLENT |  GOOD | SATISFACTORY |  POOR |  NO OPINION |
| Personality |  |  |  |  |  |  |
| Scholarship |  |  |  |  |  |  |
| Professional Skill |  |  |  |  |  |  |
| Voice |  |  |  |  |  |  |
| Potential |  |  |  |  |  |  |
| Personal Appearance |  |  |  |  |  |  |
| Cooperation |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |
| Professional Attitude |  |  |  |  |  |  |

|  |
| --- |
| ADDITIONAL COMMENTS: |

|  |  |
| --- | --- |
| SIGNATURE: | DATE: |

EMPLOYMENT INFORMATION

RELEASE INFORMATION

I, , hereby affix my signature, and release from liability any person authorized to give or receive any information related to my job performance/employment history including all data and information given in my application for employment, related papers, or oral interview.

I, therefore, hereby grant authorization to the Growing Together Preschool, Inc. to, at any time prior to or during my employment:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors or co-workers.

2. Request verification of credentials from all educational institutions I have attended.

3. Request any and all materials and information pertaining to any convictions for offenses against the law including motor vehicle records if applicable to the duties of a job for which I am being considered.

4. Request from any and all references I have listed any and all information pertaining to my job performance/employment history as these are related to my ability to perform the duties of a job for which I am being considered.

I hereby further authorize:

1. My present and any former employer to release any and all information (written or verbal) pertaining to my employment with that employer to Growing Together Preschool, Inc.

2. Any and all educational institutions I have attended to release my credentials, upon request, to Growing Together Preschool, Inc.

3. Local and state police and state motor vehicle departments to research their records and to release any and all information pertaining to convictions and charges pending against me.

4. Any and all individuals listed by me as references to release any and all information pertaining to my job performance/employment history as these related to my ability to perform the duties of a job for which I am being considered.

|  |  |
| --- | --- |
| APPLICANT SIGNATURE: | DATE: |

**GROWING TOGETHER PRESCHOOL, INC.**

**599 LIMA DRIVE**

**LEXINGTON, KY 40511**

**(859) 255-4056**

**FAX (859)280-2254**

GROWING TOGETHER PRESCHOOL, INC.

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What position did the applicant hold?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate by check mark ( ) in appropriate column, your rating of applicant in the qualities listed below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  EXCELLENT |  GOOD | SATISFACTORY |  POOR |  NO OPINION |
| Personality |  |  |  |  |  |  |
| Scholarship |  |  |  |  |  |  |
| Professional Skill |  |  |  |  |  |  |
| Voice |  |  |  |  |  |  |
| Potential |  |  |  |  |  |  |
| Personal Appearance |  |  |  |  |  |  |
| Cooperation |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |
| Professional Attitude |  |  |  |  |  |  |

|  |
| --- |
| ADDITIONAL COMMENTS: |

|  |  |
| --- | --- |
| SIGNATURE: | DATE: |

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|  |  |
| --- | --- |
| APPLICANT SIGNATURE: | DATE: |

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