



Wausau Child Care Inc.
Since 1968

Wausau Child Care, Inc.

Administrative Office
505 N. 28th Ave
Wausau WI 54401
715-848-1436 (phone)
715-848-5070 (fax)
www.wausauchildcareinc.com

Application for Employment

Print carefully giving accurate information to all questions. Indicate N/A if item does not apply. All information will be treated confidentially.

An Equal Opportunity Employer

Prospective employees will receive consideration without discrimination.

Name: _____ Date: _____
Last First Initial

Address: _____ Home Telephone: _____
Number Street Bus. Telephone: _____
City State Zip S.S. number: _____

Are you legally able to work in the U.S.? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___ If yes, give details _____
(a record of conviction, is not an automatic bar with W.C.C.)

Is there any reason why you could not perform the job you are applying for? Yes ___ No ___
If yes, give details _____

This job involves lifting. Up to 35 lbs. for Infant/Toddler and up to 60 lbs for 2 years and above, for a teacher position and up to approximately 80 lbs. for a Maintenance/Delivery position and up to approximately 75 lbs for a Kitchen position. Is there any reason why you could not perform the job?
Yes ___ No ___ If yes, give details _____

Position(s) Applying for: 1. _____ 2. _____

Date Available: _____ Professional Registration/License/Certification: _____

Full-Time ___ Part-time ___ # of hours weekly: _____ Salary Requirements: _____

Hours available to work: _____

Have you ever been employed here before? Yes ___ No ___ If yes, state dates of employment and position(s) held: _____

Referral Source: Newspaper ___ Employee (name) _____
(Which one): _____
School ___ Other _____

School	Name & City/St	Course of Study	Highest grade completed	Did you Graduate	Diploma/Degree/G.E.D.
High School					
College			1 2 3 4 5		
Other (Specify)					

Start with present or most recent employer. If you need more space, please request an additional sheet.

1. Company Name:	Telephone:
Address:	City: State: Zip:
Dates Employed: From: To:	Latest Hrly Pay:
Describe job title and duties:	
Reason for leaving:	

2. Company Name:	Telephone:
Address:	City: State: Zip:
Dates Employed: From: To:	Latest Hrly Pay:
Describe job title and duties:	
Reason for leaving:	

3. Company Name:	Telephone:
Address:	City: State: Zip:
Dates Employed: From: To:	Latest Hrly Pay:
Describe job title and duties:	
Reason for leaving:	

We may contact the employers listed above for references unless you indicate those you do not want us to contact.

Above employer number(s) _____ Reason: _____

To assist us in finding the appropriate position for you in our facility, use the space below to summarize any additional information necessary to describe your full qualifications:

SPECIAL SKILLS

Please check the skills for which you have received training/certificate/degree
(give details and attach copies)

- Word Processing/Data entry/Accounting/receipting _____
 - Human Resources _____
 - Finances _____
 - Early Childhood Education I _____
 - Early Childhood Education II _____
 - Infant/Toddler _____
 - CDA _____
 - Food Service/Cook/Baker _____
 - Sanitation _____
 - HVAC/Electrical/Plumbing _____
 - Other _____
- _____
- _____

Read the following carefully before signing

I certify that the answers given by me to the foregoing questions are true and correct without consequential omissions of any kind whatsoever. I agree that Wausau Child Care, Inc. shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me on this questionnaire. I authorize the above named companies or persons to give any information they may have regarding me whether or not it is in their records. I hereby release said companies or persons from all liability for any damage for issuing this information. I understand and agree that as a condition of my employment I will be available to work any hours requested of me to provide the best possible service. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer. I also understand that my employment can be terminated with or without cause and notice, at any time, by either this agency or myself.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date: _____

WORK REFERENCES

Kind of Reference: Personal Professional Previous Employer
(Relationship/Title _____ Years known _____)

Name: _____ Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

(office use only)

Called: Yes ____ No ____

If yes, results: _____

Kind of Reference: Personal Professional Previous Employer
(Relationship/Title _____ Years known _____)

Name: _____ Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

(office use only)

Called: Yes ____ No ____

If yes, results: _____

Kind of Reference: Personal Professional Previous Employer
(Relationship/Title _____ Years known _____)

Name: _____ Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

(office use only)

Called: Yes ____ No ____

If yes, results: _____
