



**EQUAL OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER**

**NORTHWEST LOCATIONS**

3901 N. Martin L. King Blvd. \* 5730 Simmons St.  
N. Las Vegas, NV 89032 \* N. Las Vegas, NV 89031  
Tele: (702) 638-2267 \* Tele: (702) 644-2267

**SOUTHWEST LOCATION**

9572 W. Tropicana Avenue  
Las Vegas, NV 89147  
Tele: (702) 368-2267

**APPLICATION FOR EMPLOYMENT**

**Instructions**

1. PLEASE PRINT LEGIBLY OR TYPEWRITE.
2. Make sure the application is signed and dated before it is turned in.
3. Application must meet all qualifications for the position by the final filing date. An incomplete application will be grounds for rejection. An applicant may be required to submit additional proof of qualifications, if sufficient information is not provided.

**NOTE: Employees will be required to provide proof of the following before beginning employment:**

<b><u>REQUIREMENT</u></b>	<b><u>ISSUING AGENCY</u></b>
<b>1. Child Care Work Card/Sheriff's Card</b> (Referral will be provided by Kids Campus after hire and must be taken to the respective agency to obtain work card)	- N. Las Vegas Police Dept. for <b>Northwest location</b> (Work Card). - Las Vegas Metropolitan Police Dept. for <b>Southwest location</b> .
<b>2. Food Handlers Training</b> ( <i>for cook positions only</i> ) <b>Tuberculosis Test</b> (for all positions)	-Clark County Health District
<b>3. Recognition of Symptoms of Illness Training</b>	- Upon hire, applicant will be enrolled in appropriate training course(s).
<b>4. First Aid Training and CPR Certification</b>	- Must be obtained within 3 months of employment.

# KIDS CAMPUS APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE ALL SECTIONS**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long at Present Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work:

No Preference- \_\_\_\_\_  
 Mon. \_\_\_\_\_ Thurs. \_\_\_\_\_  
 Tue. \_\_\_\_\_ Fri. \_\_\_\_\_  
 Wed. \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL OR PART-TIME  
 SUBSTITUTE

Driver's License - Some Positions require possession of a valid Nevada Driver's License, Class III or above.  
 Driver's License No. \_\_\_\_\_ State of Issue: \_\_\_\_\_  Operator  Commercial  Chauffeur  
 Expiration Date: \_\_\_\_\_

Have you had any accidents or moving violations during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NO. OF YEARS COMPLETED	MAJOR Or DEGREE
High School				
College				
Bus. or Trade School				
Other				

**Do you have a physical or mental condition or limitation that would prohibit you from performing certain job duties (i.e. lifting, bending, standing, etc.)?**  No  Yes

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**Have you ever been terminated from a job?**  No  Yes

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**Have you ever been convicted of a crime?**  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitations.

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

**WORK EXPERIENCE**

Please list your work experience for the **past 5 years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name and Address of employer:	Name of last supervisor	Employment dates	Pay or salary
Phone number:		Start Final	Start Final

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Advancements, Promotions, Skills Used: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

Name and Address of employer:	Name of last supervisor	Employment dates	Pay or salary
Phone number:		Start Final	Start Final

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Advancements, Promotions, Skills Used: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

**Work Experience - Continued-**

Please list your work experience for the **past 5 years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

<b>Name and Address of employer:</b>  Phone number:	Name of last supervisor	Employment dates	Pay or salary
		Start  Final	Start  Final

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Advancements, Promotions, Skills Used: \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

<b>Name and Address of employer:</b>  Phone number:	Name of last supervisor	Employment dates	Pay or salary
		Start  Final	Start  Final

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Advancements, Promotions, Skills Used: \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

### REFERENCES

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

**Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.**

### PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Kids Campus Learning Center, I agree that:

The acceptance of this application does not serve to create an actual or implied contract of employment. I authorize investigation of all statements contained in this application. If employed, I understand that Kids Campus Learning Center may change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I also understand that my employment with Kids Campus Learning Center shall be probationary for a minimum period of six (6) months, and further that at any time during the probationary period or thereafter, my employment relation with Kids Campus Learning Center is terminable at will for any reason by either party. I verify by my signature below that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statement or incomplete information may be cause for rejection of my application or discharge from employment. I understand that Kids Campus Learning Center may make inquiries of my previous employers to verify experience. I understand that I may be tested for illegal drugs, and that prior to employment, I must show proof of citizenship or legal right to work in the U.S.

I do **NOT** wish my present employer to be contacted.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Kids Campus Learning Center is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Kids Campus Learning Center depends solely on your qualifications.*