



MINI MIRACLES

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



Louisiana Child Care Civil Background Check System (CC-CBCS)
Initial Request Form

This form is intended for provider/entity use only as a convenient way to obtain all pertinent information from the applicant. This information must be entered online through the Child Care Civil Background Check System at https://CCCBCLDOE.la.gov.

All items marked with * are required for submission to our system

Applicant Information

*Full Name:

Last First M.I. Suffix

Maiden Name/ Former name or

Last First M.I. Suffix

Possible aliases/ AKA

Last First M.I. Suffix

*Email Address:

*Social Security Number:

- -

*Phone Number:

*Date of Birth

/ /

*DL/ID #

*DL/ID Exp Date

*DL/ID Issuance State

*Marital Status (Single, Divorced, Separated, Married, Widowed)



***Current Address:**

<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Mailing Address (if different than residential please check here)

Mailing address
(if applicable)

<i>Mailing Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Previous Addresses (from the last 5 years)

Time Period (mo/yr):

From: ___/___ *Street Address* *Apartment/Unit #*

To: ___/___ *City* *State* *ZIP Code*

Address:

Time Period: (mo/yr) *Street Address* *Apartment/Unit #*

From: ___/___

To: ___/___ *City* *State* *ZIP Code*

Address:

Time Period: (mo/yr) *Street Address* *Apartment/Unit #*

From: ___/___

To: ___/___ *City* *State* *ZIP Code*

Demographic Information

<p>*Citizenship</p> <p><input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen <input type="checkbox"/> Non-US National <input type="checkbox"/> _____ (other, please fill in)</p> <p>*Place of Birth</p> <p>_____</p>	<p>*Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>*Height:</p> <p>_____</p> <p>*Weight</p> <p>_____ lbs</p>	<p>*Hair Color</p> <p><input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blond or Strawberry <input type="checkbox"/> Brown <input type="checkbox"/> Gray or Partially Gray <input type="checkbox"/> Red or Auburn <input type="checkbox"/> Sandy <input type="checkbox"/> Other <input type="checkbox"/> White</p>	<p>*Eye Color</p> <p><input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multicolored <input type="checkbox"/> Pink <input type="checkbox"/> Other</p>
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Any Distinguishing Marks/Tattoos/Scars: _____

***Race**

<p>Asian includes: Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander</p> <p>Black includes: A person having origins in any of the black racial groups of Africa.</p> <p>Native American includes: American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition</p> <p>White includes: Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, Regardless of race.</p> <p>Unknown: Of indeterminate race</p>	<p><input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Unknown</p>
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*This document contains personal information and should be returned, destroyed, shredded, or disposed of in a secure manner to preserve this individual's privacy and prevent its unauthorized use or access *

**** Do Not Mail this form to LDOE ****