

# Employment Application



**PLEASE PRINT CLEARLY**

TNT Kid's Fitness & Gymnastics  
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**To be considered  
for employment,  
every question  
must be answered.  
All fields are  
required.**

<b>Applicant Name:</b>		<b>Date:</b>	
<b>Cell Phone Number:</b>		<b>Telephone Number:</b>	
<b>E-Mail Address:</b>			
<b>Position Applying For:</b>			

Thank you for applying to join the Learn 'n Move Childcare team. We want you to know a bit about us before you complete this application. Learn 'n Move Childcare Center is a new and innovative non-profit 501(c)3 organization focused on fulfilling needs for children and families in the Fargo-Moorhead area.

This is a collaboration of two non-profit organizations, TNT Kids Fitness and Gymnastics and the Anne Carlsen Center, both with rich histories of knowledge and experience in working with children of all abilities. Play and physical activity will be emphasized in our holistic approach in the development of children.

In addition, best practices in child development and learning will be utilized in this high quality program. Through this unique partnership, the non-profit child care center will serve children and commit to respectful and collaborative relationships with families and the communities served. The childcare capacity is 55 children and will service ages 18 months to 6 years.

**I. Personal Information (Please print clearly in ink)**

Organizational policy, federal, and state law prohibit discrimination in employment because of gender, race, color, religion, creed, marital status, national origin, disability, age, veteran status, or any other legally protected status.

<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>	
<b>Home Address</b>		<b>Apt. #</b>	<b>City</b>		<b>State</b>
<b>Social Security #:</b>	<b>U.S. Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is your age:</b>	<b>Date Available:</b>	<b>Will you accept another position?</b>	
	If No, Visa type, number:	<input type="checkbox"/> Under 18	_____	Yes    No    If yes, please specify.	
		<input type="checkbox"/> Over 18	Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Summer Only: <input type="checkbox"/> Other: <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <b>Pay Range Expected:</b>	

**General Information:**

<b>How were you referred?</b>			<b>Have you been previously employed by TNT Kids Fitness or Anne Carlsen Center?</b>		
<input type="checkbox"/>	Web Site		<input type="checkbox"/> No		
<input type="checkbox"/>	Newspaper (please identify)		<input type="checkbox"/> Yes <i>*If Yes, specify dates employed &amp; positions held.</i>		
<input type="checkbox"/>	Career Fair (please identify)		<b>Dates employed:</b>		
<input type="checkbox"/>	Employee/Friend/Relative				
<input type="checkbox"/>	Walk In		<b>Positions held:</b>		
<input type="checkbox"/>	Other (specify)				

**Education**

<b>High School:</b>		<b>City:</b>		<b>State:</b>	
<b>College:</b>		<b>City:</b>		<b>State:</b>	
<b>Start Date:</b>		<b>End date:</b>		<b>Degree:</b>	
<b>College:</b>		<b>City:</b>		<b>State:</b>	
<b>Start Date:</b>		<b>End Date:</b>		<b>Degree:</b>	

## II. Work Eligibility

Yes	No

Are you eligible to work in the United States of America? *\*You will be required to show proof of this.*

## III. Background Checks & Registry Information

Applicants will be screened for criminal convictions and sanctions through the Bureau of Criminal Investigations, Child Abuse Registry, and Sexual Offenders Registry Index.

*\*If you are hired, continued employment is conditional, pending final results of background checks.*

Yes	No

Have you ever been convicted, plead guilty or no contest to a crime other than a minor traffic conviction?

*\*An answer of "yes" will not necessarily disqualify you from employment.*

If yes, please explain.

Have you ever been fired or asked to resign your employment rather than being fired?

If yes, please explain, including reason, employer and dates.

If an offer of employment is made, I agree to submit to any required drug or alcohol testing.

Have you ever been convicted of mistreatment, neglect, or abuse?

Yes	No

Have you ever held a child care license or been registered to provide child care in your home?

License  
#:

Expiration  
Date:

/

/

## IV. Smoking, Drug Free Workplace, and Dress Code

Our policy is to promote and provide a safe and healthy environment for our children, employees, students, volunteers, and visitors. Therefore, we do not allow the use of any tobacco products within our facility, we prohibit the use of illegal drugs, and additionally we have a dress code policy.

Yes	No

If employed, will you uphold the use of tobacco products policy?

If employed, will you uphold the drug free workplace policy?

If employed, will you uphold the dress code policy?

## V. Employment and/or Experience History

Please tell us about your employment including any part time, casual or voluntary work of a regular nature relevant to the job applied for, starting with your present or most recent job. Please continue on a separate sheet of paper if necessary.

1. Organization Name:											
Street Address:											
City:					State:		Zip Code:				
Phone Number:					Contact Person:						
Dates of Employment:		Start Date:		/		/	May we contact this employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		End Date:		/		/	Did you work:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> On-Call
Job Description (duties, skills, equipment used, computer skills, technology skills, etc.):											
Reason for Leaving:											

2. Organization Name:											
Street Address:											
City:					State:		Zip Code:				
Phone Number:					Contact Person:						
Dates of Employment:		Start Date:		/		/	May we contact this employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		End Date:		/		/	Did you work:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> On-Call
Job Description (duties, skills, equipment used, computer skills, technology skills, etc.):											
Reason for Leaving:											

3. Organization Name:											
Street Address:											
City:					State:		Zip Code:				
Phone Number:					Contact Person:						
Dates of Employment:		Start Date:		/		/	May we contact this employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		End Date:		/		/	Did you work:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> On-Call
Job Description (duties, skills, equipment used, computer skills, technology skills, etc.):											
Reason for Leaving:											

**VIII. References**

Please give two references, one of which should be your current or previous manager/supervisor

1.	<b>Business or Organization:</b>		<b>Phone #:</b>	
	<b>Contact Person:</b>		<b>Position/Title:</b>	
	<b>Street Address:</b>	<b>Email address:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>May we contact this person?</b>				

2.	<b>Business or Organization:</b>		<b>Phone #:</b>	
	<b>Contact Person:</b>		<b>Position/Title:</b>	
	<b>Street Address:</b>	<b>Email address:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>May we contact this person?</b>				

**Conditions of Employment**

**I UNDERSTAND THAT IF HIRED I:**

1. Will be required to pass a company-paid substance abuse screening. If my test result is positive, the job offer will be rescinded.
2. Will be required to complete all training requirements before and during my employment with Learn 'n Move.
3. Agree that Learn 'n Move Childcare has the authority to deduct the value of any Learn 'n Move property or monies owed to Learn 'n Move from my paycheck.
4. Agree to abide by all Learn 'n Move rules and regulations, department, and company policies.
5. Will comply with the Learn 'n Move proof of immune status to Rubella, Rubella and Varicella.

**Applicant's Certification**

I certify that all matters contained in this application are true and that if any of the information on this application is false or misleading, or has been omitted, it will be sufficient cause for immediate dismissal in the event that I am employed.

I understand that this is an application for employment and that no employment contract is being offered.

I understand that such employment is for an indefinite period of time and that Learn 'n Move can change wages, benefits and conditions of employment at any time.

I hereby authorize the Learn 'n Move to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance. I may be required to furnish documents to support statements within this application.

I understand that I am required to immediately notify the Learn 'n Move if any action is proposed to exclude me from participation in any federal or state Medicare, Medicaid or other third party payer program.

**I have read, understand, and agree to the Conditions of Employment and Applicant's Certification.**

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

**IMPORTANT NOTICE TO ALL APPLICANTS**

If you are selected for employment, you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. citizens, permanent residents, and non-immigrants. You will have to provide documents within three (3) days of your hire date to verify your identity and eligibility to work.



**AN EQUAL OPPORTUNITY  
EMPLOYER**