



**PAZURI**  
DAYCARE

## **EMPLOYEE APPLICATION FORM**

📍 702B Central Avenue, Billings MT, 59102  
☎ 406-696-4081 | ✉ info@pazuridaycare.com

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### **PERSONAL INFORMATION**

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Home Address:** \_\_\_\_\_

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- **Are you legally eligible to work in this country?** ☐ Yes ☐ No
  - **Do you have a valid ID/Driver's License?** ☐ Yes ☐ No
  - **Have you ever been convicted of a felony?** ☐ Yes ☐ No
- If yes, please explain: \_\_\_\_\_
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### **POSITION INFORMATION**

- **Position Applied For:** \_\_\_\_\_
- **Date Available to Start:** \_\_\_\_\_
- **Employment Type:** ☐ Full-Time ☐ Part-Time ☐ Temporary
- **Are you willing to undergo a background check?** ☐ Yes ☐ No

- **Are you CPR/First Aid certified?** ☐ Yes ☐ No

If yes, expiration date: \_\_\_\_\_

- **Do you have experience working with children?** ☐ Yes ☐ No

If yes, how many years? \_\_\_\_\_

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## EDUCATION & TRAINING

School/Institution	Location	Years Attended	Degree/Certificate

- **Other relevant training or certifications:**

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## EMPLOYMENT HISTORY

### Most Recent Employer:

- **Company Name:** \_\_\_\_\_
- **Position Held:** \_\_\_\_\_
- **Start Date:** \_\_\_\_\_
- **End Date (if applicable):** \_\_\_\_\_
- **Supervisor Name & Contact:** \_\_\_\_\_
- **Reason for Leaving:** \_\_\_\_\_

(Add additional employment on separate sheet if needed)

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## REFERENCES

Please list **two** professional references (not related to you).

1. **Name:** \_\_\_\_\_ | **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ | **Email:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ | **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ | **Email:** \_\_\_\_\_

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## DECLARATION & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in my disqualification or termination if employed.

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

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