



RAINBOW RIDERS CHILDCARE CENTER

307 N. Knollwood Dr.
540-951-3636

2308 Merrimac Rd.
Blacksburg, VA 24060

1800 Research Center Dr.
540-552-3636

www.rainbow-riders.org

Today's date: _____ **Position applying for** (check all that apply): Full time Part Time Substitute

Availability (days/times): _____

Full Name: _____ **Email:** _____

Current Address: _____
(Street) (City/State) (Zip Code)

Home Phone: _____ **Business Phone:** _____ **Cell Phone:** _____

Education and Training:

	Name and Location	Major and Degree	Status of Completion
High School			
College/University			
Other			

Relevant Work Experience:

Name: _____ Dates Employed: _____ to _____ Address: _____ <small>(Street) (City/State) (Zip Code)</small> Supervisor: _____ Phone #: _____ Email: _____ Title: _____ Reason for leaving: _____ Duties: _____ May we contact for a reference? Yes No
Name: _____ Dates Employed: _____ to _____ Address: _____ <small>(Street) (City/State) (Zip Code)</small> Supervisor: _____ Phone #: _____ Email: _____ Title: _____ Reason for leaving: _____ Duties: _____ May we contact for a reference? Yes No
Name: _____ Dates Employed: _____ to _____ Address: _____ <small>(Street) (City/State) (Zip Code)</small> Supervisor: _____ Phone #: _____ Email: _____ Title: _____ Reason for leaving: _____ Duties: _____ May we contact for a reference? Yes No

Rainbow Riders and its affiliates are equal opportunity employers. We will recruit, select, train, promote, and release persons without regard to race, color, religion, national origin, handicap, age, or sex.

Please E-mail this completed application to rainbowriders.personnelmanager@gmail.com or you may mail it/drop off at 1800 Research Center Dr. Blacksburg, VA 24060

Relevant Volunteer Experiences:

Please list three references of people who are not related and who can furnish information about you.

1. Name: _____ Relationship _____ Address: _____ Telephone: _____ Email Address: _____
2. Name: _____ Relationship _____ Address: _____ Telephone: _____ Email Address: _____
3. Name: _____ Relationship _____ Address: _____ Telephone: _____ Email Address: _____

You are required to complete a Criminal Records Check, a TB skin test, and a pre-employment physical. Will you fulfill these requirements as specified by the Laws of the Virginia Commonwealth? YES NO

Have you ever been convicted of a felony or been investigated for child abuse or neglect? YES NO

If you answered "yes", please explain:

Please share your thoughts and feelings about working with children in a childcare setting.

Please describe an experience which would be relevant to the applied for position.

Describe your thoughts about team-teaching and communication between teachers.

Expected wage: _____

I understand that by submitting this application, I authorize inquiries to be made concerning my employment, character, criminal history, and child protective service history for the purpose of determining my suitability as an employee. All information will be kept confidential.

Signature of Applicant: _____ Date: _____

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