

Rainy Day Resources Babysitter Application

*Rainy Day Resources TV, LLC * P.O. Box 988 * Middleton, ID 83644*

*(208) 585-3067 * Fax (866) 371-7168 * office@rainydayresources.org*

Rainy Day Resources is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, political belief or disability. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination. Babysitters are not hired directly by Rainy Day Resources, Inc. but are recruited as potential referral candidates for babysitting positions only. Each babysitter will work directly for a client and be paid by that client.

Today's Date _____

First Name Middle Last

Street Address City State Zip

Home/Message Telephone Social Security Number

Your Age: ___ Grade ___ Have you ever been convicted of a crime? Yes _____ No _____

If "yes", please explain: _____

Do you drive? ___ Are you insurable for transportation? Y/N

How were you referred to Rainy Day Resources? _____

I am available to work: Weeknights ___ Weekends _____

The maximum # of children I prefer to care for at one time is: _____

The age/s of the child/children I prefer to work with is: _____

Education

School

School Name and Address _____

Grade Point Average: _____

My favorite things to do are: _____

My favorite hobbies are: _____

Personal References

Name Company Phone Relationship

Releases and Applicant's Signature

All hiring and employment at Rainy Day Resources, is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Rainy Day Resources has no specific term and may be terminated by the employee or Rainy Day Resources, with or without notice. I acknowledge that Rainy Day Resources, has not made any promises or representations that differ from those contained in this paragraph. I understand I must provide satisfactory documents to establish my

identity and right to work in the United States, if I am offered a position with Rainy Day Resources, and that failure to provide this evidence will result in the termination of my employment. I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to or from Rainy Day Resources. I agree to release and hold harmless Rainy Day Resources, from all liability with respect to the receipt and distribution of such information. I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Rainy Day Resources may be terminated. In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further, I understand that the company will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby give consent to Rainy Day Resources and/or its agents to obtain and/or release the above information. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature

Date

Law enforcement agencies and other entities for identification purposes require the following information when checking records. It is confidential and will not be used for any other purpose:

Please Print Clearly

Print Full Name: _____ Sex: Male ___ Female ___
Print other names you have used: _____ Dates used: _____
Date of Birth (mm/dd/yy): _____ Social Security #: _____
Current Drivers License #: _____ Issuing State: _____
Other Drivers License #s: _____ Issuing State: _____