



209 Upshur St. NW Washington, DC 20011  
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# EMPLOYMENT APPLICATION

Please type or **PRINT** legibly and answer all questions completely and accurately even when attaching a resume.

*It is the policy of GAP Community Child Development Center to provide equal opportunity to all employees and applicants for employment and to prohibit discrimination and harassment of any type in regards to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.*

*Successful hires must be deemed suitable for employment by the Office of the State Superintendent of Education (OSSE), including a satisfactory background check, a complete physical exam that indicates no communicable disease, an ability to work with children, a complete drug and alcohol test with a negative result, and a satisfactory Child Protection Register check.*

*Successful hires must provide evidence of the COVID-19 vaccination and proof of a negative COVID-19 test taken no more than three days before the first day of employment.*

Date of Application	First and Last Name	Telephone	Email Address
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Address (Street Number, Address, City, State, and Zip Code)

Position Applying For	<i>Check all that apply:</i> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute	Desired Salary \$ _____ per hour
Days and Hours Available for Work: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Hours Available:	If selected for a position, what date can you start work?	

Are you available to work overtime, if necessary?  Yes  No

Are you available to work weekends, if necessary?  Yes  No

Do you have reliable means of transportation to work?  Yes  No

Are you at least 18 years of age?  Yes  No

Can you present evidence of your citizenship?  Yes  No

Are you currently employed?  Yes  No

Are you able to perform the duties, functions, and responsibilities of the position for which you are applying?  Yes  No

Have you been convicted of a criminal offense?  Yes  No

If yes, state the nature of the crime/s (felony or serious misdemeanor), when and where convicted, and disposition of the case.

*Continued on the Next Page*

**EDUCATION, TRAINING, AND EXPERIENCE**

Do you have a high school diploma, GED or equivalent?  Yes  No

Name	City and State	Credits Completed	Degree / Certificate Earned
College/University			
Vocational/ Technical School			
Other Higher Education			

What languages do you speak and/or write fluently?

Describe any other experience, training, qualifications, and/or skills which you feel make you especially qualified for work in a child development center.

Are you certified and/or licensed for the position applied for?  Yes  No  N/A. If yes, list your certifications and/or licenses.

Certification or License	Certification/License Number	Issuance State	Expiration Date

Has your certification and/or license ever been revoked or suspended?  Yes  No. If yes, please explain.

**EMPLOYMENT HISTORY**

Name of Employer	Position Title	Employment Dates

Address (Street Number, Address, City, State, and Zip Code)

Supervisor's Name and Telephone Number

Duties and Responsibilities

Reason for Leaving:

Name of Employer	Position Title	Employment Dates

Address (Street Number, Address, City, State, and Zip Code)

Supervisor's Name and Telephone Number

Duties and Responsibilities

Reason for Leaving:

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**EMPLOYMENT HISTORY {CONTINUED}**

Name of Employer

Position Title

Employment Dates

Address (Street Number, Address, City, State, and Zip Code)

Supervisor's Name and Telephone Number

Duties and Responsibilities

Reason for Leaving:

I certify that I have personally completed this application. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omissions or misstatements of material fact on this application may be cause for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that nothing contained in this application or conveyed during my interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and GAP Community Child Development Center. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or GAP Community Child Development Center. No promises or representations contrary to the foregoing are binding on GAP Community Child Development Center, unless made in writing and signed by me and the president and chief executive officer (P/CEO) of GAP Community Child Development Center or designee.

I authorize GAP Community Child Development Center to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment.

\*In compliance with federal law, I understand that I will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form if hired.

Applicant's Printed Name

Signature

Date

Telephone Number

**DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.**

# EMPLOYMENT REFERENCES



**APPLICANT'S FIRST AND LAST NAME**

**APPLICANT'S TELEPHONE NUMBER**

Thank you for your interest in employment with GAP Community Child Development Center. Please provide three references, not related to you, who can attest to your work performance, skills, and abilities.

## REFERENCE #1

First and Last Name	Title
Telephone Number	Email Address
Number of years known	Relationship to You

## REFERENCE #2

First and Last Name	Title
Telephone Number	Email Address
Number of years known	Relationship to You

## REFERENCE #3

First and Last Name	Title
Telephone Number	Email Address
Number of years known	Relationship to You

### APPLICANT'S AUTHORIZATION AND RELEASE

I authorize GAP Community Child Development Center to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment.

I further authorize the references I have listed to disclose to GAP Community Child Development Center information related to my employment and suitability for employment.

I further release and hold harmless my former employers, all other persons, corporations, partnerships and associations from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released will be held in strictest confidence, that the information will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to the information.

Applicant's Printed Name	Signature	Date	Telephone Number
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