



# Imagination Childcare Academy, Inc.

## Employment Application

### CONTACT INFORMATION

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Previous name(s) if any, used for work or educational records: \_\_\_\_\_

**Address (Number & Street):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

### REFERRAL SOURCE

**How did you hear about employment opportunities at Imagination Childcare Academy Inc.?**

Website    Newspaper    Friends/Family    School/College    Child Care Council    Employee

Employee Referral/ Name: \_\_\_\_\_

### POSITION(S) OF INTEREST

**Please Identify position(s) of interest (Circle):**

Teacher                      Teaching Assistant                      Administrative Assistant                      Substitute

**Are you looking for (Circle One)?:**

Part time                      Full time                      Either

### AVAILABILITY

**Your availability is an important part of evaluating your application. Please indicate the days and times during the week that you are available to work:**

**Date Available to Start:** \_\_\_\_\_ **Desired number of hours per week:** \_\_\_\_\_

Availability	Monday	Tuesday	Wednesday	Thursday	Friday
7am-6pm					

**Please indicate your hourly/ salary expectations:** \_\_\_\_\_

**EMPLOYMENT HISTORY**

Complete your job history starting with your current or most recent job. Please fill out all sections. We encourage you to include a copy of your resume with your application to highlight additional experiences you may have.

Employer & Address	Supervisor's Name & Phone Number	Type of Position	Dates		Reason for Leaving	PT or FT
			From	To		

May we contact your current employer?      Yes      No

If not, please indicate reason: \_\_\_\_\_

**CERTIFICATIONS & LICENSES**

State	Type	Subject/ Area/ Field/ Certification #	Effective Date	Expiration Date

**EDUCATION**

*Only diplomas and degrees from institutions accredited by a nationally recognized agency will be accepted.*

Name of School & Location	Major/ Program	Number of Years Attended	Degree

**REFERENCES**

Please identify three (4) individuals (current/former supervisors, professors, or advisors) who can attest to your character, reputation, personal qualifications and/or verify the applicant's history of employment or related experience, work record and other qualifications

PLEASE INCLUDE 2 PERSONAL REFERENCES AND 2 PROFESSIONAL REFERENCES

Name	Occupation, Company	City, State	Phone Number	Relationship

**AFFIRMATION & RELEASE**

Complete responses to each item must be supplied or the application may not be considered.

I certify that the information I have supplied on this application for employment is true and complete. Any deliberate falsifications, misrepresentations or omissions of fact may be grounds for rejection of my application or dismissal from employment. This application for employment shall be considered active for a one-year period.

I understand that no offer is hereby made, nor is a contract for employment created, by this application. If hired, my employment is at-will and can be terminated at any time with or without notice, for any reason.

If I receive an offer of employment I also understand that, among other conditions, employment with Imagination Childcare Academy Inc. and/or its affiliates is contingent upon the successful completion of

pre-employment contingencies which include Criminal Background Checks (including, but not limited to, fingerprinting, state child sex offender registry, state sex offender registry, and education verification, an entrance medical examination health assessment, a drug screen, and providing the documents required to prove my identity and eligibility to work in the United States.

Imagination Childcare Academy Inc. and/or its affiliates has the right to revoke any offer of employment based on the job-related nature of a conviction, failure of the drug-screen, and or inability to reasonably accommodate a restriction resulting from the entrance medical examination health assessment.

Imagination Childcare Academy Inc. and/or its affiliates is authorized to investigate all statements made on my application and to discuss the results of its investigations with those responsible for hiring. Imagination Childcare Academy Inc. and/or its affiliates may also contact my former employer(s) or other persons who can verify information.

I have read and agree to the conditions stated above. I authorize verification of all statements made on this application and release from liability any person or organization providing information to Imagination Childcare Academy Inc. and/or its affiliates

Please Print Name: \_\_\_\_\_

Signature of Applicant (**required**): \_\_\_\_\_ Date: \_\_\_\_\_