Jump Start University Early Learning Center

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EMPLOYMENT APPLICATION

Effective: Jan 2024
DOH: ___/____ /____

Today's Date: _____

Full Name: _____   Social Security # ☐☐☐ ☐☐ ☐☐☐☐

Home Address: _____   Birth Date:_____

City: _____   State: _____   Zip Code: _____

Home Phone: (_____) _____-_____   E-Mail Address: _____

Alternate Phone: (_____) _____-_____   Are you at least 18 years of age?   Yes ☐   No ☐

Are you legally eligible to work in the U.S?   Yes ☐   No ☐   (Original documentation required on 1st day of employment)

Position Applied for: _____   Full Time ☐   Part Time ☐   Substitute ☐

Salary Desired: _____ / per hour   Date You Can Begin Work: _____

Do you have any restrictions as to working hours/days? _____
_____

Have you ever been employed with us before? ☐ No ☐ Yes, give dates: _____

Do any of your friends or relatives work here? ☐ No ☐ Yes, list name and relationship: _____
_____

Why do you want to work with our facility? _____
_____
_____

Education: (attach documentation of qualifying education)

School Name	Subject	Dates	Degree/Certificate
High School			☐ Diploma ☐ GED
College			
Other			

Have you attended / completed any childcare training courses or semester hours in Early Childhood?

If necessary, attach separate list.   ☐ No   ☐ Yes, please list:

_____
_____

Are you currently enrolled in any early childhood courses at a community college or university?

☐ No ☐ Yes, please list courses: _____

_____

Are you willing to take additional college level courses to further your early childhood education?

☐ Yes ☐ No, please explain: _____

_____

References:

List three individuals (not related to you) who are familiar with your work-related skills:

Name: _____ Relationship to you: _____

Company Name: _____ Position: _____

Company Address: _____

Telephone #: _____ Years Acquainted: _____

Name: _____ Relationship to you: _____

Company Name: _____ Position: _____

Company Address: _____

Telephone #: _____ Years Acquainted: _____

Name: _____ Relationship to you: _____

Company Name: _____ Position: _____

Company Address: _____

Telephone #: _____ Years Acquainted: _____

Personal Information:

Do you have a criminal record? ☐ No ☐ Yes, explain: _____

_____

Have you ever been shown by credible evidence, e.g. a court order or jury to have abused, neglected, or deprived

a child or adult or have subjected any person to serious injury as a result of intentional negligent misconduct?

☐ No ☐ Yes, explain: _____

_____

Can you adequately perform all assigned duties listed on the job description for the position you are applying?

☐ Yes ☐ No, explain: _____

_____

Certain positions require you to drive a company vehicle. Do you have a valid driver's license? ☐ Yes ☐ No

If yes, please provide your license #: _____

State Issued: _____ Class of License: _____

Do you hold CPR training certificate? ☐ No ☐ Yes, expiration date: _____

All states require that teachers receive annual child care training. Are you willing to obtain the hours required to continue your employment? ☐ Yes ☐ No, explain: _____

_____

Have you completed Credentials I and II? ☐ No ☐ Yes, date completed: _____

Are your current transcripts on record with the Division of Child Development? ☐ Yes ☐ No, indicate courses to be submitted: _____

Employment History:

Beginning with your most recent/current employer, complete for your last three employers. If unemployed at any time during this period, indicate how you spent your time (student, unemployed, housewife, etc.)

May we contact your current employer? ☐ Yes ☐ No

Company Name: _____ Supervisor: _____

Address: _____ City, State, Zip: _____

Telephone No.: _____ Rate of Pay: _____

Dates of Employment: _____ to _____

Last Position: _____ Responsibilities: _____

_____

Reason for Leaving: _____

Company Name: _____ Supervisor: _____

Address: _____ City, State, Zip: _____

Telephone No.: _____ Rate of Pay: _____

Dates of Employment: _____ to _____

Last Position: _____ Responsibilities: _____

_____

Reason for Leaving: _____

Company Name: _____ Supervisor: _____

Address: _____ City, State, Zip: _____

Telephone No.: _____ Rate of Pay: _____

Dates of Employment: _____ to _____

Last Position: _____ Responsibilities: _____

_____

Reason for Leaving: _____

Your signature below indicates you understand and confirm each of the following statements.

1. I understand that misrepresentation or omission of facts herein or on the employment application is cause for termination, if employed.

2. I have answered all portions of this application truthfully and correctly with no omissions.

_____   _____

Signature   Date

OFFICE ONLY: Date: _____ Position Desired: _____
Date Available: _____   Interviewed By: _____
Other: _____

Cozy Corner Child Development Center
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EMPLOYMENT QUESTIONAIRE

Effective January 2014

Applicant's Name: _____

Why do you want to be a teacher?

What is your concept of quality childcare and what methods would you use to achieve it?

It is a child's first day at our facility. This is a new experience for him and he is unhappy. How would you handle this situation?

Every group has at least one child that is difficult to manage. How would you handle this situation?