



## 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 1<sup>st</sup> 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			<input type="checkbox"/> Diploma <input type="checkbox"/> 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: _____	



**Cozy Corner Child Development Center**  
**Jump Start University Early Learning Center**

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**EMPLOYMENT  
QUESTIONNAIRE**

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?**

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: \_\_\_\_\_