

GENERAL EMPLOYMENT APPLICATION CRAFTON CHILDREN'S CORNER



Crafton Children's Corner considers all applications without regard to an applicant's race, color, creed, religion, age, gender, national origin, pregnancy, veteran status and/or disability or other legally protected class.

NAME:		DATE:
ADDRESS:		E-MAIL:
CITY:	STATE:	ZIP CODE:
		ONE:
POSITION DESIRED:		
	RT:	
Please list your prior work experience your most recent place of employment		or field related to position sought starting with
EMPLOYER NAME:		GENERAL JOB RESPONSIBILITIES
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:	LENGTH OF EMPLOYMENT:	
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes/N	No	
EMPLOYER NAME:		GENERAL JOB RESPONSIBILITIES
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:	LENGTH OF EMPLOYMENT:	
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes/No		
EMPLOYER NAME:		GENERAL JOB RESPONSIBILITIES
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:	LENGTH OF EMPLOYMENT:	
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes/No		

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/ DIPLOMA
HIGH SCHOOL				
PROFESSIONAL CERTIFICATE				
UNDERGRADUATE COLLEGE/UNIVERSITY				
GRADUATE/ PROFESSIONAL DEGREE				
OTHER				
			-	-

You must attach to this application a copy of the Diploma/Certificate from your highest level of education achieved. Please also attach official copies of your undergraduate and/or graduate transcripts if applicable.

Please list any additional Educationa applying:	al/Specialized Training you have received related to the job for which you are
Please answer the following question	ns with ves or no:
~ .	Can you provide proof of your age if required?
2. Are you a U.S. citizen or have app	propriate documentation to show you are eligible to work in the U.S.?
2. Are you available to work any tin	ne as scheduled between the hours of 7:00 a.m. and 6:00 p.m.?
If No, please indicate the tin	nes you are available to work.
3. To your knowledge are you relate	ed to any child currently enrolled in this program?
If yes, please list child's nar	me and your relationship:
4. To your knowledge are you relate	ed to anyone currently serving on the Board of Directors for this agency?
If yes, please list the Board	Members name and your relationship:
5. Have you ever been convicted of o	or have an indicated report of any crime against a child?
6. Have you ever been convicted of a	any crime or have pending criminal actions against you?
If yes, please explain:	

If selected for employment, your hiring will be conditional pending receipt of certified results of all required clearances. If clearance results are not received by the agency within the first 30 days of employment, you will be placed on unpaid suspension until certified clearances are on file with agency. At the time of employment you will be required to provide Crafton Children's Corner with the ORIGINAL CERTIFIED Clearances for your Employment File as required by State Licensing Regulations.

Please answer the following qu your answers in an interview for		ly in the space all	lotted: You may	be asked to expand upon		
1. Why have you chosen to work in Early Childhood Education?						
2. What do you find rewarding	g about working with child	ren and families?				
PERSONAL/PROFESSIONAL	L REFERENCES: Do not i	include family m	embers.			
NAME	PHONE NUMBER	RELATIONS	SHIP TO YOU	PROFESSION		
APPLICANT'S STATEMENT I certify that the answers and is statements contained in this ap In the event of employment, I u may result in termination regar	nformation given herein ar plication for employment a inderstand that false of mis	s may be necessa sleading informat	ary in arriving at tion given in my a	an employment decision. application or interview(s)		
Printed Name			Date			
Signature						
Thank you for your interest in being	employed with Crafton Childre	n's Corner.				
Crafton Children's Corner is an "AT for any reason. Likewise, the emplo "AT-WILL" employment relationshi specifically acknowledged in writing	yer may terminate the relationship may not be altered by any wri	nip at any time, with itten document or by	or without cause any verbal agreement,	d with or without notice. The		
OFFICE USE ONLY:						
Received by:		Date:				
Interview Scheduled: Date:		Time:	Locati	on:		

 $\ \, \mathbb{O}$ rvm & associates 2004 childproviderlaw.com