

# APPLICATION FOR EMPLOYMENT

THE VILLAGE DAYCARE CENTER

## PERSONAL/GENERAL INFORMATION

Last name:	First Name:	Middle Initial:	Social Security Number:
Home Address:	City/Town:	State:	Zip code:
Phone Number Home: Cell:	Email:	Preferred Method of Contact: HP CP EMAIL	Are you eligible to work in the United States Yes____ No____

Desired Position Applying for: Teacher____ Aid____ Sub____	Desired Schedule Part-Time____ Mornings____ Full-Time ____ Evenings _____	If Part-Time/Sub application, please circle which days available M TUE WED THUR FRI SAT	Date Available to START:
Expected Compensation:	Are you at least 18 years of age? Yes____ No____  Birthday(mm/dd/yyyy):	Have you ever been convicted of a serious misdemeanor or felony crime? Yes____ No____	List any other certificates/training obtained that may relate to this field of work:
Highest Level of Education Attained:	Years Completed: 1 2 3 4  Did you graduate? Y____ N____	Second Highest Level of Education Attained:	Years Completed: 1 2 3 4  Did you graduate? Y____ N____

**EMPLOYMENT HISTORY**

EMPLOYER NAME:	DATES OF EMPLOYMENT  _____ to _____	JOB TITLE:	REASONING FOR LEAVING:
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SUPERVISOR NAME:	WORKPLACE PHONE NUMBER:	DESCRIPTION OF DUTIES AND RESPONSIBILITIES:	
EMPLOYER NAME:	DATES OF EMPLOYMENT  _____ to _____	JOB TITLE:	REASONING FOR LEAVING:
SUPERVISOR NAME:	WORKPLACE PHONE NUMBER:	DESCRIPTION OF DUTIES AND RESPONSIBILITIES:	

REFERENCE 1	REFERENCE 2	REFERENCE 3
NAME	NAME	NAME
PHONE NUMBER:	PHONE NUMBER:	PHONE NUMBER:
YEARS KNOWN:	YEARS KNOWN:	YEARS KNOWN:
RELATION TO PERSON:	RELATION TO PERSON:	RELATION TO PERSON:

## QUESTIONNAIRE

**Have you ever worked in childcare previously? Explain your time there.**

**What age do you have the most experience with? What age do you prefer to work with?**

**What were the highest points of your time in childcare? Explain.**

**What were the lowest points of your time in childcare? Explain.**

1st Emergency

contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2nd Emergency

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Date: \_\_\_\_\_