

# Honey Brook Early Learning Center

1099 Maple St Honey Brook, Pa 19344  
Phone: 610-273-1200

## Employee Application

**The following items must be included with the return of your application:**

- 2 written, nonfamily references from individuals attesting to your suitability to serve as a facility person.
- (FREE)** Certificate of completion of the Mandated Reporter Training found online at [https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab\\_tab\\_group\\_id= 2 1](https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_tab_group_id= 2 1)

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

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

Phone Number: \_\_\_\_\_ Social Security number \_\_\_\_\_

Email: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date Available \_\_\_\_\_ Salary desired \_\_\_\_\_

### PLEASE LIST YOUR AVAILABILITY BETWEEN 6 AM-6 PM MONDAY THROUGH FRIDAY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Are you employed now? \_\_\_\_\_ If so, may I contact your present employer? \_\_\_\_\_

Place of employment: \_\_\_\_\_ Contact number: \_\_\_\_\_

Position: \_\_\_\_\_ Length of employment: \_\_\_\_\_

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## EDUCATION

Schools attended	Major	Year degree was earned
------------------	-------	------------------------

- |         |  |  |
|---------|--|--|
| 1 _____ |  |  |
| 2 _____ |  |  |
| 3 _____ |  |  |

Would you be willing to continue your education by enrolling in courses or other training programs that may be recommended? \_\_\_\_\_

Please list any courses, volunteer work, hobbies or interests that would relate to the position you are applying for:

\_\_\_\_\_

Please list any community organizations you're active in:

\_\_\_\_\_

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## FORMER EMPLOYERS

List below your last 4 employers, starting with the most recent:

Date-month/year	Name and address of employer	Salary	Position	Reason for leaving
From To				
From To				
From To				
From To				

## REFERENCES:

Please list at least two people not related to you, who you have known at least one year.

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

## PHYSICAL RECORD

Do you have any physical condition which may limit your ability to perform the job applied for? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## GENERAL INFORMATION:

1. Prior to employment, employees must submit a statement signed by their source of medical care and based on a thorough examination within 3 months. A yearly exam is required.

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2. All staff must submit evidence of freedom from Tuberculosis before employment.
3. In compliance with Department of Public Welfare requirements, no person shall be hired, retained as a staff member, paid, or volunteer who has:
  - a. Been convicted of or admitted to or been the subject of substantial evidence of an act of child battering, child abuse, or child molestation.
  - b. Used alcohol or drugs such that its effects are apparent during working hours that children are in care.
  - c. Been convicted for or admitted to any felony or any offense involving moral turpitude.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for termination.

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

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DO NOT WRITE BELOW THIS LINE

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_