

Application Received by: _____ Date _____, _____

Choose Location That You Are Applying For

**105 Mill RD
Irvington, NJ 07111
862-872-3646**

**1211 Springfield Ave
Irvington, NJ 07111
862-233-7866**

Interview Date _____, _____

Hired **Y/N** Hired Date _____, _____

Kiddie College Campus Academy

Employment / Job Application

PERSONAL INFORMATION

Today's Date _____, _____

FULL NAME: _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DOB _____, _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: _____

DATE AVAILABLE: _____

DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

Employee emergency contact

Name: _____ Relationship: _____

Address: _____ Phone #: (_____) _____ -

Name: _____ Relationship: _____

Address: _____ Phone #: (_____) _____ -

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? YES NO*

*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO

DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO

DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

EMPLOYMENT HISTORY

EMPLOYER #1: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER #2: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER #3: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

REFERENCES

REFERENCE #1: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

REFERENCE #2: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE:** _____

PRINT NAME _____

Tell us a little about yourself:

Why do you want to work in childcare:

Tell us about your experience working with children:

What are your strengths:

What are your weaknesses:

What is your favorite age group to work with and what type of activities would you do with them:

If two children got into a physical fight, how would you handle the situation:

How would you deal with an angry or concerned parent:

What are your long term goals- future studies etc.: