



# Application for Employment

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

Please bring a copy of your official sealed transcript for your interview, teacher qualification status letter and criminal background qualifying letter.

Your Years of ECE Service: \_\_\_\_\_

**Please Print**

Last Name	First Name	Middle Name
Address (street number and name)	State/City/Zip	Social Security #
Phone (home/where you can be reached)	Cell Phone	Message Telephone/Email

Position Applied for: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Do you have an age level preference? \_\_\_\_\_ Hours:  Full Time or  Part Time

**Education**

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Schools	Name and Location	Dates Attended	Course of Study	Degree/Diploma
High School		to		
College or University		to		
		to		
		to		
		to		
		to		
Graduate or Professional		to		
		to		
Educational, Vocational Schools, etc.		to		
		to		

Able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation(s)?  Yes  No

Date of Birth: \_\_\_\_\_ (month)/(date)/(year) N.C. Driver's License Number: \_\_\_\_\_

Born in what City and State: \_\_\_\_\_

Child care training you have completed in the last three years (such as First Aid, CPR, etc.)

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## Work History

Name	From                  To	Phone
Address	City	State/Zip
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Date Terminated:	Starting Salary _____ Ending Salary _____

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ May we contact  Yes  No

Duties: \_\_\_\_\_  
\_\_\_\_\_

Name	From                  To	Phone
Address	City	State/Zip
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Date Terminated:	Starting Salary _____ Ending Salary _____

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ May we contact  Yes  No

Duties: \_\_\_\_\_  
\_\_\_\_\_

Name	From                  To	Phone
Address	City	State/Zip
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Date Terminated:	Starting Salary _____ Ending Salary _____

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ May we contact  Yes  No

Duties: \_\_\_\_\_  
\_\_\_\_\_



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## References

With your permission to contact, list persons and supervisors who have first hand knowledge of your professional skills, abilities and competence. If less than one year of experience, references may be current or past teachers. Please include one character reference.

Name	Title/Relationship	Telephone
Name	Title/Relationship	Telephone
Name	Title/Relationship	Telephone
Name	Title/Relationship	Telephone
Name	Title/Relationship	Telephone

## Background/History

If you answer “yes” to any of the questions below, please explain on an attached sheet of paper.

1. Were you involved in or had any administrative State actions while employed in an Early Childhood Facility or school?  Yes  No
2. Have you ever been convicted of or pled guilty or no contest to a crime, either misdemeanor or a felony, other than minor traffic offenses?  Yes  No
3. Do you have criminal charges or procedures pending?  Yes  No
4. Have you ever been asked to resign or been suspended, dismissed, non-renewed, fired or discharged from a position of employment for any company or position?  Yes  No
5. Have you ever had a teaching license suspended or revoked?  Yes  No
6. Are you a citizen of the United States?  Yes  No  
If not, do you possess a current alien registration card or visa?  Yes  No
7. What languages do you speak? \_\_\_\_\_



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**Additional Information**

Why do you want to be a preschool teacher?

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What is your philosophy concerning early childhood education?

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What is your concept of quality preschool?

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How would you handle a conflict with a coworker?

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What role would you play in being a team member?

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Lists any hobbies and interests: \_\_\_\_\_

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Notes for additional information, if desired:

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### Disclosures:

I understand that full time employees, new to the Center, are employed for a 120-day probationary period before permanent work status is awarded. I understand that the Center will conduct random drug testing at their expense.

The State of North Carolina requires certain documents for your personnel file that are reviewed by the State Consultant in regards to the Center's licensing. By signing below you are stating that you understand that you will return the required documentation. Failure to comply with State regulations will result in withdrawal of employment offer and/or termination of employment. We reserve the right to verify your documentation.

By signing below, I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documents, or a failure to disclosure relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal or unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Return application to:     Discovery Harbor Learning Center, LLC  
  PO Box 680893  
  Charlotte, NC 28216

Or Fax to:                     980.297.7332  
  (Please bring original to interview)

Discovery Harbor Learning Center, LLC, is an equal opportunity employer and does not discriminate against any person on the basis of sex, race, color, religion, age or disability in its employment practices or in its programs and activities.