



APPLICATION FOR EMPLOYMENT

Please Print

Date: _____

Name: _____ Social Security No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Business Phone: () _____

HOW WERE YOU REFERRED TO US?

- | | | |
|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> School | <input type="checkbox"/> Current Employee |
| <input type="checkbox"/> Agency | <input type="checkbox"/> On my own | <input type="checkbox"/> Other |

Name of Referral Source: _____

Do you work, or have you ever worked in the Child Care Industry? Yes No

Do you know of anything which would obstruct your obtaining employment in the child care industry? Yes No

Have you ever worked in a facility or with a company that has had a license revoked, and their license suspended in any State or has been the subject of a disciplinary action or incurred a fine during your employment in that facility/company? Yes No

Have you ever worked with a company that filed for bankruptcy? Yes No

Please note: This application was designed for use by professional, technical, and administrative personnel. Answer the questions to the best of your ability. All information will be treated confidentially.

DO NOT WRITE BELOW THIS LINE: _____

Reviewed by _____ Date _____ Salary\$ _____

Remarks _____

Neatness _____ Character _____ Personality _____ Ability _____

For Dept. _____ Job Grade _____ Date: _____

Employment Agreement Required Yes No

EMPLOYMENT HISTORY:

List present employer or most recent employer first (use additional paper, if necessary).

May we contact this employer? Yes No

Employer:	Employed From Mo./Yr. To Mo./Yr.	Supervisor's Name
Address:		Your Job Title
Telephone:		
Your Salary Start End	Duties:	
Reason for Leaving		

May we contact this employer? Yes No

Employer:	Employed From Mo./Yr. To Mo./Yr.	Supervisor's Name
Address:		Your Job Title
Telephone:		
Your Salary Start End	Duties:	
Reason for Leaving		

May we contact this employer? Yes No

Employer:	Employed From Mo./Yr. To Mo./Yr.	Supervisor's Name
Address:		Your Job Title
Telephone:		
Your Salary Start End	Duties:	
Reason for Leaving		

REFERENCES (At least three - Not employers or relatives)

NAME & ADDRESS	OCCUPATION	RELATIONSHIP	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we contact these references? Yes No

TYPE OF WORK DESIRED

Indicate the position for which you are applying: _____

Do you wish to work: Full Time Part Time Temporarily
 If part time, specify hours or days _____

What is your minimum weekly/hourly salary requirement? \$ _____ Month Week Hour

Date available for work _____

Do you have any commitments to another employer that might affect your employment with us?

Yes No Explain _____

Special Certifications

Please list below any/all current certifications you hold relative to working in a child care center. (First Aid, Infant CPR, Food Preparation, CDA, etc.)

EDUCATIONAL DATA:

Print Name, Number, Street, City, State and Zip for each	No. of yrs. Completed	Degree, Major or Type of Course
High School		
College		
Grad. School		
Trade, Business Night or Corr.		
Other		

MILITARY EXPERIENCE:

Were you in U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of duty: From: _____ To: _____ Rank at separation: _____

Briefly describe your duties: _____

Have you ever been arrested or charged with a crime involving a child or been asked to resign or been de-certified for a sexual offense? Yes No

Have you ever been convicted of a criminal offense? Yes No
If yes, Date: _____ Place: _____

What was the nature of the offense? _____

An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.

Have you ever applied for employment with this center/company? Yes No
If yes, when? _____

Have you previously been employed by this company or its subsidiaries? Yes No
If yes, when? _____

GENERAL INFORMATION:

Are you legally authorized to work in the United States? Yes No

Are you below the age of 18? Yes No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No
If yes, explain _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin or disability.) _____

AGREEMENT: (Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

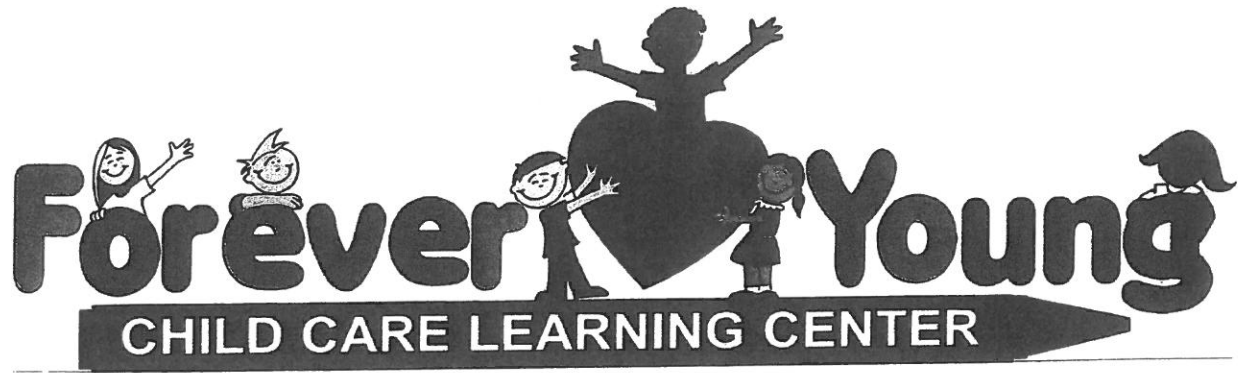
I understand that the first 90 days of my employment will be considered a probationary period and that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance of promise of continued employment.

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature _____ Date _____

Person to be notified in case of an emergency:

Name _____ Phone Number _____



We will be contacting previous employers for verification of employment and will be asking them for your strengths and areas in need of improvement. Please list what you think they are below.

Strengths:

Improvement Needs:

Please answer the following questions to the best of your ability (If you have not encountered the scenario please describe how you would handle the situation)

1. What have you done when you saw one child bite another?

2. What have you done when you saw two children fighting over a toy?

3. Tell me about your experiences when you watched children on the playground

4. Tell me about your experiences with:

a) Staff meetings or trainings (evenings/ weekends) _____

b) Cleaning your classroom _____

c) Staying late or leaving earlier than your scheduled time if asked _____

Give me an example of your:

d) Being cooperative and a "team player" _____

e) Following a schedule and preparing a lesson plan _____

f) Moving from your regular class to another _____

g) Cleaning floors, bathrooms, baseboards, etc. _____

5. What do you know about teacher/pupil ratios?

6. What have you done with your personal belongings in your classroom?

7. How have you handled toxic substances in your classroom?

8. Under what circumstances have you left your classroom for a brief time?

9. When have you let children come into the school from the playground, unattended?

10. When have you told a child that "if he/she is not good that he/she will be put back in the baby room?"
