



**APPLICATION FOR EMPLOYMENT**

**Please Print Legibly**

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

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

**HOW WERE YOU REFERRED TO US?**

1. Newspaper Ad 2. School 3. Current Employee 4. Other: \_\_\_\_\_

**Do you work, or have you ever worked in the Child Care Industry?**

1. Yes 2. No

**Do you know anything which would obstruct your obtaining employment in the child care industry?**

1. Yes 2. No

**Have you ever worked in a facility or a company that, to your knowledge, has had a license revoked, or its license suspended in any state or has been the subject of a disciplinary action incurred a fine during your employment in that facility/company?**

1. Yes 2. No

**TYPE OF WORK DESIRED**

**Indicate the position for which you are applying:** \_\_\_\_\_

**Do you wish to work:** 1. Full Time 2. Part Time 3. Temporary

**If part time, specify hours or days:** \_\_\_\_\_

**What is your minimum hourly salary requirement?** \$ \_\_\_\_\_

**Date available for work:** \_\_\_\_\_

**Do you have commitment to another employer that might affect your employment with us?**

\_\_\_\_\_ **Explain:** \_\_\_\_\_

**SPECIAL CERTIFICATIONS**

**Please list below any/all current certifications you hold relative to working in a child care center.** \_\_\_\_\_

**EDUCATION DATA**

Print Name, Number, Street, City, State and Zip	No. of years	Degree, Major or Type of Course	Approx. College Credits Completed

<b>High School</b>			
<b>College</b>			
<b>Grad. School</b>			
<b>Trade, Business</b>			
<b>Other</b>			

**List present employer or most recent employer first**

**May we contact this employer? 1. Yes 2. No**

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

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Supervisor's Name:	Start: End:

Job Title:	
Duties:	
Reason for Leaving:	

**REFERENCES (At least three - not employers or relatives)**

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

May we contact these references? 1. Yes 2. No

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? \_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_\_\_

If yes, Date: \_\_\_\_\_ Place: \_\_\_\_\_

What was the nature of the offense? \_\_\_\_\_

Have you ever applied for employment with this center/company? \_\_\_\_\_

If yes, when? \_\_\_\_\_

**GENERAL INFORMATION:**

Are you legally authorized to work in the United States? \_\_\_\_\_

Are you below the age of 18? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

Are you available to work Monday thru Friday, any shift between 6:30 am and 6:30 pm? \_\_\_\_\_

If no, what day(s) and timing(s) are you available to work? \_\_\_\_\_

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying?

\_\_\_\_\_  
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, and 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 during such period or thereafter 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 or promise of continued employment. I certify that I am in perfect health to work in childcare environment. I authorize all of the persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if applicable) to provide any relevant information that may be required to arrive at an employment decision. I understand that I may be required to take a drug test and/or lie detector test at the expense of the Company. Should I refuse to take such a test the Company may terminate my employment at will.

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

Person to be notified in case of emergency:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please answer these questions to the best of your ability:**

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 (Saturdays or evenings)

\_\_\_\_\_

b) Cleaning your classroom

\_\_\_\_\_

c) Staying later or leaving early 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?” \_\_\_\_\_

\_\_\_\_\_