

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Emergency Contact

Name _____ Address _____ Phone: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

For Administrative Use Only

Interviewed by: _____ Date: _____

Position hired for: _____ Hire Date: _____

Salary/Wage: _____ Direct Supervisor: _____

Name or Address Change _____

Full Name: _____ Date: _____

Full Name _____ Date: _____

Address: _____ Date: _____

Address _____ Date: _____

SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS

Please Print

Last Name	First	Middle Maiden	Social Security Number
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Current Mailing Address	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Name of Licensed/Registered Approved Facility/Provider	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Have you lived outside of Virginia in the past five years? Yes No

If yes, what state(s) have you lived in: _____

Please respond to all four (4) questions below:

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia? Yes (convicted in Virginia) Yes (pending in Virginia) No

If yes to convicted or pending, specify crime(s): _____

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia? Yes (convicted outside Virginia) Yes (pending outside Virginia) No

If yes to convicted or pending, specify crime(s) and state, or other location: _____

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia? Yes (in Virginia) No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? Yes (outside Virginia) No (outside Virginia)

If yes, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.

Signature

Date

Aslan Castle Early Learning Center
CONFIDENTIALITY AND PRIVACY STATEMENT

Young children have not yet developed a sense of judgment about the difference between information that can be shared about their families or information which properly stays within the family. Very often young children are the source of much gossip, much conversation about the private lives of their families. Teachers and caregivers unwittingly become the receivers of shared confidences both from children and their parents. It is critical that children and parents' confidences are not repeated to other teachers, to the caregivers' friends, or families.

Our center stresses the importance of protecting the rights and privacy of children, their families, and our teachers. The practice of maintaining the confidentiality of verbal information and written records is a basic policy of our center. This practice is in accord with one of the primary ethical principles of professional behavior in early childhood settings.

The identity of children and their families should be revealed only in cases of professional necessity such as in child abuse or neglect, developmental records, special family circumstances.

AGREEMENT: I agree to respect the confidentiality of verbal and written reports of children, families, and teachers within my classroom, the center, and in my non-work environment.

I, _____, acknowledge that I have read and understood the Confidentiality and Privacy at Aslan Castle ELC Policy. I agree that all information about the center, staff, children and families, seen or heard, will be treated as strictly confidential and will not be discussed with any other person outside the center. I agree that, if an incident *needs to be discussed outside the center, then this will be done in a professional way keeping details of unrelated children/ families/ staff/ incidents out of the discussion and no personal value judgments will be made during the discussion. I understand that if I breach this confidentiality agreement then disciplinary action will be taken.

Signature _____ Date _____
Staff Member

Signature _____ Date _____
Director or Supervisor