

APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Positions(s) Applied For:	Date of Application
<p>How Did You Learn About us?</p> <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Best time to contact you at home is:..... am
:..... pm

Are you 18 years of age or older?..... Yes No

Have you ever been convicted of a felony?..... Yes No

Have you ever filed an application with us before?..... Yes No
 If Yes, give date _____

Have you ever been employed with us before?..... Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... Yes No

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you available to work: Full-Time
 Closing Position

Date available to work ___/ ___/ ___ What is your desired salary range? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job **RELATED TO CHILDCARE**. You may exclude organizations, which indicate race, color religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

EMPLOYMENT EXPERIENCE CONTINUED

Start with your present or last job **NOT RELATED TO CHILDCARE** or if necessary continue jobs related to childcare. You may exclude organizations which indicate race, color religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Why do you want to work with young children?

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

Please list three work- related references:

1.		
	(Name)	Phone #
2.		
	(Name)	Phone #
3.		
	(Name)	Phone #

Please list three personal references:

1.		
	(Name)	Phone #
2.		
	(Name)	Phone #
3.		
	(Name)	Phone #

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No Date _____ Time _____

Remarks _____

Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department/Center _____

By _____
Name and title Date