

# APPLICATION FOR EMPLOYMENT

**Please read carefully and complete by printing in ink or typing.**

**Provide all information requested.**

Your complete application form will be maintained in our active files for six (6) months from the date of the application. You may submit a new application at any time.

**An Equal Opportunity Employer**

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran. Information provided on this application will not be used for any discriminatory purpose.

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

What prompted you to apply here?  
 Advertisement  Own Accord  Referred  Employee Referral

Position applied for \_\_\_\_\_

When could you report to work \_\_\_\_\_

Minimum acceptable salary \_\_\_\_\_

Available for part-time employment?  No  Yes on what basis? \_\_\_\_\_

Are you available for substitute work?  No  Yes \_\_\_\_\_

Have you ever been convicted of a crime or felony?  No  Yes \_\_\_\_\_

Do you object to be fingerprinted?  No  Yes \_\_\_\_\_

To what organizations do you belong (Educational or Professional): \_\_\_\_\_

Your hobbies and recreation \_\_\_\_\_

Name and address of:  
High School \_\_\_\_\_

College \_\_\_\_\_

Graduate School \_\_\_\_\_

Undergraduate Major \_\_\_\_\_

Degrees \_\_\_\_\_

Are you planning to further your education: 0 No 0 Yes When? \_\_\_\_\_

Other Special Training Courses \_\_\_\_\_

Diploma or certification (please specify) \_\_\_\_\_

Have you completed First Aide Training? 0 No 0 Yes When? \_\_\_\_\_

Have you completed CPR Training? 0 No 0 Yes When? \_\_\_\_\_

Special Talents \_\_\_\_\_

Do you play any musical instruments? 0 No 0 Yes \_\_\_\_\_

Do you like to sing? \_\_\_\_\_

**Indicate last 3 Employers**

Name \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

### Physical Record

How would you describe your general health? \_\_\_\_\_

Have you any impairment in:  Hearing  Vision  Speech

Previous serious illnesses (describe briefly) \_\_\_\_\_

\_\_\_\_\_

Have you ever been seriously injured?  No  Yes How? \_\_\_\_\_

Are there any physical or personal limitations on the type of work you can do with children at school or the amount of time you can spend at work?  No  Yes \_\_\_\_\_

\_\_\_\_\_

Date of last physical exam \_\_\_\_\_ TB Test Date \_\_\_\_\_

### References

Please list 3 references, not including relatives or former supervisors.

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

How do you gain a child's trust?

What do you feel is important in dealing with parents and staff?

What would you do if a child bit another child?

What three qualities do you possess as a teacher, that you would bring to us?

Name the thing you liked best about your last job? Why?

Now, name the thing you liked the least? Why?

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. In the event of my employment with the Child Care Center, I agree to comply with the rules and regulations governing my employment and to supply an alien registration number, verification of birth, W - 4, I - 9 and other pertinent information required. It is my understanding that the first three months of my employment are probationary and my continued employment depends on the will of the company or myself.

Applicant's Signature\_\_\_\_\_