

Clairmont School & Child Care Center APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____

TYPE OF WORK DESIRED

Position applying for: _____ Hours Available _____

Have you ever worked in the Child Care field? _____ Yes _____ No

How many hours a day would you like to work? _____

What is your minimum weekly/hourly salary requirement? _____

Date available for work? _____

What age group would you prefer working with? _____

Do you have any commitment to another employer that might affect your employment with us? _____ Yes _____ No

Explain: _____

EDUCATION

Do you have a high school diploma or GED? _____ Yes _____ No

0.	Print Name & Address	No. of Years Completed	Degree & Major
High School			
College			
Graduate School			
Other			

SPECIAL CERTIFICATIONS

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

GENERAL INFORMATION

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

Are you below the age of 18? ____ Yes ____ No

Have you ever been arrested or charged with a crime involving a child or been asked to resign 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 at this Center? ____ Yes ____ No

If yes, when? _____

Have you ever been employed at this Center? ____ Yes ____ No

If yes, when? _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, volunteer work, accomplishments, etc.

AGREEMENT (Please read the following information carefully.)

I hereby affirm that the information provided on this application (and accompanied 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 training period, and that my employment can be terminated, with or without cause, at any time during such training period or thereafter at the discretion of Clairmont School and Child Care Center.

Signature _____ Date: _____

Person to be notified in case of an emergency:

Name: _____ Phone Number: _____

EMPLOYMENT HISTORY:

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

May we contact this employer? Yes No

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

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REFERENCES (At least three - not employers or relatives)

Name & Address:	Occupation:	Relationship:	Phone Number:
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May we contact these references? ____ Yes ____ No