

LEARNING TREE DAY CARE INC.

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, religious affiliation, sex, age, or national origin.

Name: Last _____ First _____ Middle _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Social Security #: _____ D.O.B _____

Position applied for: _____

How did you hear of this opening? _____

When can you start? _____ Desired Wages: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Have you ever been convicted of a misdemeanor or felony?
 Yes No

If yes, please fully describe the circumstances:

Education: School Name and Location, Year Graduated, Major, Degree/Diploma

High School _____

College_____

Other_____

In addition to your work history, are there other skills, qualifications, or experience we should consider, please include all education related to early childhood education such as: Childhood Development Associate, or related course of study

Do you have any physical or mental limitations, such as inability to lift 50 pounds; contagious illness or disease; or vision or hearing loss that would affect your ability to work with small children?

Employment History: (Start with most recent employer)

Company name_____

Address_____ Telephone_____

Start Date _____ Starting Wage_____ Starting Position_____

End Date _____ Ending Wage_____ Ending Position_____

Supervisor_____ May we contact? [] Yes [] No

Responsibilities

Reason for leaving

Company name_____

Address _____ Telephone _____

Start Date _____ Starting Wage _____ Starting Position _____

End Date _____ Ending Wage _____ Ending Position _____

Supervisor _____ May we contact? [] Yes [] No

Responsibilities

Reason for leaving

Company name _____

Address _____ Telephone _____

Start Date _____ Starting Wage _____ Starting Position _____

End Date _____ Ending Wage _____ Ending Position _____

Supervisor _____ May we contact? [] Yes [] No

Responsibilities

Reason for leaving

List the names of ALL the childcare facilities in which you have been employed.

What do you feel most qualifies you for this position?

While employed in a childcare program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action? [] Yes [] No

If yes, explain:

What are your professional goals?

Write your educational philosophy.

List the names, addresses and phone numbers of three references:

1.

2.

3.

Attach additional information if necessary.

As an applicant to work in a childcare facility, I understand that I must submit fingerprints and a local law check within 5 days of my employment and that failure to do so could result in immediate dismissal. I also understand that I must enroll and begin the 40-hour training within 90 days of my employment unless I can produce verification that I have already attended the training. I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to check criminal records and make any investigations of my prior educational and employment history. I understand that employment at this company is “at will,” which means that this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis, I understand that no supervisor or manager of this company, other than the owner has the authority to alter the foregoing.

Signature _____ Date _____