

GENERAL EMPLOYMENT APPLICATION: THE CHILDREN'S SPOT

The Children's Spot considers all applications without regard to an applicant's race, color, creed, religion, age, gender, national origin, pregnancy, veteran status and/or disability or other legally protected class.

NAME: _____ DATE: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ DO YOU HAVE YOUR CDA? (CIRCLE ONE) YES/NO

DRIVER'S LICENSE #: _____ SOCIAL SECURITY #: _____

POSITION DESIRED: _____ DATE AVAILABLE TO START: _____

Please list your prior work experience starting with your most recent place of employment.

EMPLOYER NAME:	GENERAL JOB RESPONSIBILITIES	
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:		LENGTH OF EMPLOYMENT:
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes/No		

EMPLOYER NAME:	GENERAL JOB RESPONSIBILITIES	
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:		LENGTH OF EMPLOYMENT:
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes/No		

EMPLOYER NAME:	GENERAL JOB RESPONSIBILITIES	
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:		LENGTH OF EMPLOYMENT:
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes/No		

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/ DIPLOMA
HIGH SCHOOL				
PROFESSIONAL CERTIFICATE				
UNDERGRADUATE COLLEGE/UNIVERSITY				
GRADUATE/ PROFESSIONAL DEGREE				
OTHER				

*****You must attach to this application a copy of the Diploma/Certificate from your highest level of education achieved. Please also attach official copies of your undergraduate and/or graduate transcripts if applicable.*****

Please list any additional Educational/Specialized Training you have received related to the job:

Please answer the following questions:

1. Are you at least 18 years of age? _____ Can you provide proof of your age if required? _____
2. Are you a U.S. citizen or have appropriate documentation to show you are eligible to work in the U.S.? _____
(Proof of citizenship or immigration status will be required upon employment)
3. Are you available to work any time as scheduled between the hours of 6:00 a.m. and 6:30 p.m.? _____
If No, please indicate the times you are available to work. _____
4. To your knowledge are you related to any child currently enrolled in this program? _____
If yes, please list child's name and your relationship: _____

5. Have you ever been convicted of or have an indicated report of any crime against a child? _____
6. Have you ever been convicted of any crime or have pending criminal actions against you? _____
If yes, please explain: _____

7. Do you have children and what are their ages? _____
8. Who takes care of your children if they are ill? _____
9. Do you have your own transportation? _____
10. Do you understand that YOU MUST BE FLEXIBLE regarding your schedule? _____
11. Do you have any tattoos that could be seen by the children or parents? _____
12. I have received my high school diploma? _____
13. What is the total number of years of experience you have in Early Childhood Development? _____
14. Why have you chosen to work in Early Childhood Education? _____

15. What do you find rewarding about working with children and families? _____

16. When you walk past a classroom you notice a respected veteran teacher handling a child roughly, pulling the child's arm and sitting the child harshly into a seat, and speaking with an inappropriate tone and attitude. You are the only witness to this incident, what would you do?

17. A child in your classroom has been bitten. The mother of the child is furious and demands to know who bit her child and even goes as far as to threaten legal action if the identity of the child who bit her child is not disclosed immediately. How would you handle this parent?

PERSONAL/PROFESSIONAL REFERENCES: Do not include family or past supervisors.

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	PROFESSION

INITIAL BESIDE EACH THAT YOU UNDERSTAND THAT THE FOLLOWING ARE EMPLOYEE PAID.

1. Criminal Background Check/Fingerprints \$45.00
2. Uniform Shirts; \$20.00 each; 9 colors; \$40.00 out of each check
3. Food Handler's Certificate \$15.00
4. CPR/1st Aid \$35.00 - \$60.00
5. Flu Shot; \$25.00
6. Pertussis Vaccination \$25.00

APPLICANT'S STATEMENT:

I certify that the answers and information given herein are true, correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination regardless of when the information is discovered to be false or misleading.

SIGNATURE

DATE

Thank you for your interest in being employed with The Children's Spot. Upon review of completed applications a representative of our center will schedule interviews with applicants who meet the initial requirements, as evidenced by the information provided herein.

The Children's Spot is an "AT-WILL" employer. The "AT-WILL" employment relationship affords the employee the right to resign for any reason. Likewise, the employer may terminate the relationship at any time, with or without cause and with or without notice. The "AT-WILL" employment relationship may not be altered by any written document or by verbal agreement, unless such alteration is specifically acknowledged in writing and signed by an authorized executive of The Children's Spot. ***The Children's Spot does not discriminate on the basis of race, color, religion, sex, national origin, political affiliation, sexual orientation, gender identity, marital status, disability and genetic information, age, membership in an employee organization, or other non-merit factor. This information is for hiring and termination of staff and enrollment of children.***

OFFICE USE ONLY:

Received by: _____ Date: _____

Interview #1 Scheduled Date: _____ Time: _____ By: _____

Interview #2 Scheduled Date: _____ Time: _____ By: _____