



Application for Employment

Position Applied For: _____ Date available to begin work: _____

Name: _____ Social Security # _____

Last First Middle

Address: _____ Mobile Phone: _____

City State Zip

E-mail address: _____

Desired Salary: \$ _____ Are you legally eligible for employment in the United States? Yes [] No []

Check one: Full Time [] Part time [] Summer [] Temporary []

Hours you are available to work? _____ to _____ (REQUIRED)

EDUCATION

Circle highest grade completed 9th 10th 11th 12th

If you did not complete high school, do you have a general equivalency diploma?

Circle the number of years of post-high school education 1 2 3 4 5 6 7

Table with 5 columns: Name of School/College, Location, Years Attended, Degree Received, Major

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

Please describe any special skills related to child care: _____

Please describe any volunteer work or other experience related to child care: _____

Do you have a CDA? Yes [] No [] How did you hear about this position? _____

Preferred Age Group: [] [] [] [] [] []
6w-10m 10-20m 20-30m 2 1/2-3y 3 1/2-4y 5-12y

EXPERIENCE

Please list present and past employment (full time and part time) beginning with most recent.

Job Title _____

Job Title _____

Employer _____

Employer _____

Address _____

Address _____

Telephone: _____

Telephone _____

Immediate Supervisor _____

Immediate Supervisor _____

Title _____

Title _____

Salary (start) _____ (finish) _____

Salary (start) _____ (finish) _____

Date (m/yr) _____ (to) _____

Date (m/yr) _____ (to) _____

Full _____ Part time _____ Hours/week _____

Full _____ Part time _____ Hours/week _____

Reason for Leaving? _____

Reason for Leaving? _____

May we contact employer for a reference Yes No

May we contact employer for a reference Yes No

Duties _____

Duties: _____



Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills:

Do you have any health problems which may interfere with job responsibilities?

Yes ___ No ___ If yes list all and explain _____

Will you be able to participate in trainings programs for teachers? Yes No

What are your strongest qualities? _____

What are your weakest qualities? _____

REFERENCES

List names, addresses and relationships of at least two persons not related to you who know your qualifications.

Name: _____

Telephone _____

Relationship to you: _____

Name: _____

Telephone _____

Relationship to you: _____

Name: _____

Telephone _____

Relationship to you: _____

Name: _____

Telephone: _____

Relationship to you: _____

I give permission to Footprints Childcare and Learning Center to contact these references

(Signature)

MISCELLANEOUS

Person to be notified in case of illness or emergency:

NAME & ADDRESS

TELEPHONE NUMBER

SWORN DISCLOSURE STATEMENT

I HAVE NOT been convicted of and I AM NOT the subject of pending charges for the following offenses: murder, abduction of children for immoral purpose; sexual assault; pandering; crimes against nature including failure to secure medical attention for any injured child; obscenity offense ; abuse and neglect of incapacitated adults; within the commonwealth or any offense outside the Commonwealth. Any person making materially false statement regarding any such offense shall be guilty of a Class I misdemeanor.

Drug, tobacco and alcohol use is not permitted in or Footprints Learning Academy property or buses.

Firearms are not permitted in or Footprints Learning Academy property or buses.

Signature

Date