



Date \_\_\_\_\_  
 Position Desired \_\_\_\_\_  
 Date Available \_\_\_\_\_  
 Interviewed By \_\_\_\_\_

NAME (FIRST) (MIDDLE) (LAST) SPOUSE'S NAME

HOME ADDRESS HOME PHONE

BIRTHDATE SOCIAL SECURITY NUMBER

If you are under age 18, can you submit a work permit if hired? \_\_\_\_\_

If you are not a US citizen, do you have a Visa to work in the US? \_\_\_\_\_

If yes, what kind of Visa classification?

Visa Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EDUCATION** (Attach documentation of qualifying education)

PLACE	DATE	DIPLOMA, CERT. OR DEGREE
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ELEMENTARY

SECONDARY

COLLEGE

OTHER

Experience with groups of children (indicate ages of children, your duties, dates you worked in this position, reasons for leaving) Attach documentation of experience working with children.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you attended/completed any childcare training courses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**TEN-YEAR EMPLOYMENT HISTORY** Begin with your most current or last employer. If you have been unemployed during any time within the past ten years, list how you spent your time, e.g. student, housewife, unemployed, etc.

MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		

May we contact your previous employers? \_\_\_\_\_

Do you have a criminal record? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been shown by credible evidence, e.g. a court order or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Under the Americans with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give license number and class of license \_\_\_\_\_

Have you had CPR training within the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give expiration date: \_\_\_\_\_

Have you had first aid training within the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give expiration date: \_\_\_\_\_

I certify by signing this document that all information given is true. Any false statements or information given will result in my disqualification for any position.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**CHAMPIONS FOR CHILDREN CHILD DEVELOPMENT CENTER**

Pre-employment application

Would your present/previous employer say that you are dependable? \_\_\_\_\_

Why or why not? \_\_\_\_\_

What does the word teamwork mean to you? \_\_\_\_\_

What does it mean to redirect a child? \_\_\_\_\_

Why would you like to have this position? \_\_\_\_\_

What do you feel most qualifies you for this position? \_\_\_\_\_

What steps would you take to:

- Calm a child who has a hard time leaving mom/dad in the morning?

- Encourage a child who is not participating in an activity?

- Discipline a child who is hitting or biting another child?

- Communicate with a parent about their child's daily activities?

If you are offered a position you will be required to provide the following during your first 30 days of employment:

- Current CPR Training (repeated every 2-3 years)
- Current First Aid training certificate (repeated every 3 years)
- Negative TB skin test results (repeated annually)
- Certificate, Diploma, and/or other documentation of training in child development, early childhood education, or related fields

By signing this document, I understand that the above-mentioned items are required during the first 30 days of employment. If these items are not submitted within 30 days employment may be terminated.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_