

Today's Date: _____

Application for Employment at Small Blessings Preschool

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

Please print

Applicant Name: First	Middle	Last

Address	City	State	Zip

Telephone Number	Asking Starting Pay
	\$ _____ per hour

Circle Interested Position(s)

Teacher	Assistant Teacher	Substitute
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Email Address	Date of Birth

How did you learn about Small Blessings Preschool ?

- Indeed Job Posting Other—Specify:
 Employee Referral—Which employee?

Have you applied for a position with us before? No Yes—Specify date:

Have you ever been employed with us before? No Yes—Specify date and position:

Are you currently employed? No Yes

On what date would you be available to start? _____

Are you available to work: Part-time Substituting All shifts

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

NOTE: Proof of eligibility will be required within three working days of employment.

Are you 18 years of age or older? Yes No

Are you willing to take drug tests at the Company's request? No Yes

Have you ever gone by a name other than the one listed above? No

Yes—Please list: _____

DEPARTMENT OF CHILDREN AND FAMILIES

Have you had a license denied, revoked, or suspended in any state or jurisdiction or been the subject of a disciplinary action or been fined while employed in a child care facility?

- No Yes—Please explain:

Have you ever worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction or been the subject of a disciplinary action or been fined while employed in a child care facility?

- No Yes—Please explain:

EDUCATION

List of schools attended

Name of High School

Location

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Year Completed

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Diploma obtained? Yes No

If no, explain: _____

Name of College

Location

--	--

Year Completed Degree/Major

--	--

Diploma obtained? Yes No

If no, explain: _____

Name of College

Location

--	--

Year Completed Degree/Major

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Diploma obtained? Yes No

If no, explain: _____

PROFESSIONAL INFORMATION

You may exclude information which would reveal sex, race, religion, national origin, age, color, disability, sexual orientation, or other protected status.

Licenses or Certifications:

Have you completed the DCF 45 Hours Child Care Courses? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Fluent Foreign Languages:

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Can you perform all necessary job functions with reasonable accommodation? (Examples: lifting children, working outside for 30-minute periods, standing, sitting, kneeling, reaching above your head etc.)

Yes No

If no, explain: _____

EMPLOYMENT HISTORY

Employer

Supervisor

--	--

Address

Phone

--	--

Position Title and Duties

--

Starting Date

Ending Date

Starting Pay

Ending Pay

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Why did you leave this job?

May we contact this employer? Yes No If no, explain: _____

Employer

Supervisor

--	--

Address

Phone

--	--

Position Title and Duties

--

Starting Date

Ending Date

Starting Pay

Ending Pay

--	--	--	--

Why did you leave this job?

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Address

Phone

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Position Title and Duties

--

Starting Date

Ending Date

Starting Pay

Ending Pay

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Why did you leave this job?

May we contact this employer? Yes No If no, explain: _____

REFERENCES

1) Past Employer or Coworker

Name

--

Relationship/Years Known

Company (if applicable)

/	Years	
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Telephone Number

Current City

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2) Past Employer or Coworker

Name

--

Relationship/Years Known

Company (if applicable)

/	Years	
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Telephone Number

Current City

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3) Past Employer, Coworker, family member or personal friend

Name

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Relationship/Years Known

Company (if applicable)

/	Years	
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Telephone Number

Current City

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PROFESSIONAL PROFILE

Please answer all questions in this section. You may exclude information which would reveal sex, race, religion, national origin, age, color, disability, sexual orientation, or other protected status.

What are your main areas of professional interest?

Why do you want to leave your current employer (if any)?

Why do you want to work for Small Blessings Preschool ?

Check the age of children you prefer to work with at Small Blessings :

- Twos
 Threes

Fours

Career Goals while at Small Blessings Preschool :

Any other information that you would like Administration to know?

APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from Small Blessings. If I become employed by Small Blessings, I agree to follow all rules and regulations of the company as they develop and change.

I allow Small Blessings Preschool to conduct investigations on me, my background, and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize Small Blessings Preschool to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me and release them of liabilities and damages of all kinds for providing this information. I authorize to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to Small Blessings Preschool for education verification purposes.

I release Small Blessings Preschool from liability for collecting information about me and using it to make employment decisions.

If I become employed by Small Blessings Preschool, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the director of Small Blessings Preschool.

I agree that if I become indebted to Small Blessings Preschool, I will be responsible for repaying the total owed upon termination from Small Blessings Preschool. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 60 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant

Date

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