

## **Employment Application**

We are an Equal Opportunity Employer

| Today's Date:  | Date available to start:     |           |                    |                |           |  |
|--|------------------------------|-----------|--------------------|----------------|-----------|--|
| Name: FIRST  | MIDDLE                       |           |                    | LAST           |           |  |
| Address:   |                              |           |                    |                |           |  |
| City/State/Zip: County:  |                              |           |                    |                |           |  |
| Cell phone:  | Home: E-mail:                |           |                    | E-mail:        |           |  |
| Position desired: Teacher Aide N   | Managemen                    | t Seaso   | nal                | _ Full time F  | Part-time |  |
| Anticipated salary or hourly wage:   |                              |           |                    |                |           |  |
| Are there any days and/or times that you are not available? MONTUEWEDTHURFRI |                              |           |                    |                |           |  |
| Are you legally eligible for employment in the U.S.? YESNO Soc. Security #:  |                              |           |                    |                |           |  |
| Are you at least 18 years of age? YES  | NO                           | Date of B | irth:              |                |           |  |
| How did you hear about us?   |                              |           |                    |                |           |  |
|  | FDUC                         | ΆΤΙΟΝ     |                    |                |           |  |
| SCHOOL<br>NAME AND LOCATION  | DATES ATTENDED               |           | COURSE OF<br>STUDY | DEGREE/DIPLOMA |           |  |
| High School:   | То                           |           |                    |                |           |  |
| Educational, Vocational Schools:   | То                           |           |                    |                |           |  |
|  |                              | То        |                    |                |           |  |
| College or University:   | То                           |           |                    |                |           |  |
|  |                              | То        |                    |                |           |  |
| Graduate or Professional:  |                              | То        |                    |                |           |  |
|  |                              | То        |                    |                |           |  |
| CHILD CARE TRAIN Firs  | IING COMPL<br>st Aid, CPR, ( |           |                    | THREE YEARS    |           |  |
|  |                              |           |                    |                |           |  |
|  |                              |           |                    |                |           |  |
|  |                              |           |                    |                |           |  |
|  |                              |           |                    |                |           |  |
|  |                              |           |                    |                |           |  |
|  |                              |           |                    |                |           |  |

## **EXPERIENCE WITH GROUPS OF CHILDREN**

|                                    |                   | Indicate ages o    | f children, duties, y          | ears of experie                                  | ence.  |                   |  |
|------------------------------------|-------------------|--------------------|--------------------------------|--|--|-------------------|--|
|                                    |                   |                    |                                |  |  |                   |  |
|                                    |                   |                    |                                |  |  |                   |  |
|                                    |                   |                    |                                |  |  |                   |  |
|                                    |                   |                    |                                |  |  |                   |  |
|                                    |                   |                    |                                |  |  |                   |  |
| List                               | at Charles In and |                    | WORK HISTORY                   |  | . 10   |                   |  |
| LIST YOUT IA<br>Irrent or Last Emp |                   | inning with you    | r present employer<br>Address: | and including                                    | a 10-year em                                     | ployment history. |  |
| b Title:                           |                   | Supervisor's N     | Supervisor's Name:             |  | May we contact employer? YES NO<br>Phone Number: |                   |  |
| art Date:                          | End Date:         | Starting Rate:     | Ending Rate:                   | Full Time  | Part-Time  | Hours per week:   |  |
| uties:                             |                   |                    |                                |  |  |                   |  |
| eason for leaving:                 |                   |                    |                                |  |  |                   |  |
| evious Employer:                   |                   |                    | Address:                       |  |  |                   |  |
| b Title:                           |                   | Supervisor's N     |                                |  |  |                   |  |
| o ricie.                           |                   | Supervisor's Name: |                                | May we contact employer? YES NO<br>Phone Number: |  |                   |  |
| art Date:                          | End Date:         | Starting Rate:     | Ending Rate:                   | Full Time  | Part-Time  | Hours per week:   |  |
| uties:                             |                   |                    |                                |  |  |                   |  |
| ason for leaving:                  |                   |                    |                                |  |  |                   |  |
| evious Employer:                   |                   |                    | Address:                       |  |  |                   |  |
| evious Employer.                   |                   |                    |                                |  |  |                   |  |
| b Title:                           |                   | Supervisor's N     | ame:                           | May we cont<br>Phone Numb                        | act employer? YE<br>er:                          | SNO               |  |
| rt Date:                           | End Date:         | Starting Rate:     | Ending Rate:                   | Full Time  | Part-Time  | Hours per week:   |  |
| ities:                             |                   |                    |                                |  |  |                   |  |
| eason for leaving:                 |                   |                    |                                |  |  |                   |  |
| revious Employer:                  | :                 |                    | Address:                       |  |  |                   |  |
| b Title:                           |                   | Supervisor's N     | lame:                          | May we con                                       | tact employer? YE                                | SNO               |  |
| art Date:                          | End Date:         | Starting Rate:     | Ending Rate:                   |  |  | Hours per week:   |  |
| ities:                             |                   |                    |                                |  |  |                   |  |
| eason for leaving:                 |                   |                    |                                |  |  |                   |  |

## REFERENCES

List the name of three persons, not related to you, whom you have known for at least one year.

| Name   | Phone # or   | Position  | Relationship to Applicant   |
|--|--|---|---|
|  | Email  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
| Have you ever worked at a  | another Discovery I  | Point location? YES   | NO  |
| If so, at which location did   | l you work?  |   |   |
| Discovery Point Center gro   | ounds. Are able to   | you willing to comply with all state tr   | NO  |
| application from all prev<br>liability Discovery Point a<br>employment decisions a<br>I understand that any mi | ious employers, ed<br>and its representati<br>nd all other person<br>isrepresentation or | entact, obtain, and verify the accurace ucational institutions, and reference ves for seeking, gathering, and using s or organizations for providing such material omission made by me on the immediate termination of employments. | s. I also hereby release from such information to make information.  his application will be sufficient |
| not constitute an agreen   | nent or contract fo  | is no specified length of employment<br>remployment. Accordingly, either I of<br>se, at any time, so long as there is no  | or Discovery Point can terminate  |
|  | a disability because   | nization not to refuse to hire or other of that person's need for a reasona   |   |
|  | ee days of being hi  | ill be required to provide satisfactor<br>red. Failure to submit such proof wit   | • • • •   |
| I have read and fully und  | erstand the forego   | ng, and I seek employment under th  | ese conditions.   |
|  |  |   |   |
| Signature of Applicant   |  | Date  |   |

## **ADDITIONAL QUESTIONS**

| Briefly state your philosophy on child education and development:   |
|---|
|   |
|   |
|   |
| Give an example of a challenging situation you have faced in a classroom with a child and how you handled it. |
|   |
|   |
|   |
| Describe ways that you communicate with parents.  |
|   |
|   |
|   |
| Special skills or additional information about you which we should consider:                                  |
|   |
|   |
|   |