



# 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:	
Position desired: Teacher___ Aide___ Management___ Seasonal___ Full time___ Part-time___			
Anticipated salary or hourly wage:			
Are there any days and/or times that you are not available? MON___ TUE___ WED___ THUR___ FRI___			
Are you legally eligible for employment in the U.S.? YES___ NO___		Soc. Security #: <small>(Optional)</small>	
Are you at least 18 years of age? YES___ NO___		Date of Birth:	
How did you hear about us?			

## EDUCATION

SCHOOL NAME AND LOCATION	DATES ATTENDED	COURSE OF STUDY	DEGREE/DIPLOMA
High School:	To		
Educational, Vocational Schools:	To		
	To		
College or University:	To		
	To		
Graduate or Professional:	To		
	To		

## CHILD CARE TRAINING COMPLETED IN THE LAST THREE YEARS

First Aid, CPR, CDA, ITS-SIDS, etc.


**EXPERIENCE WITH GROUPS OF CHILDREN**  
Indicate ages of children, duties, years of experience.


**WORK HISTORY**

List your last five jobs, beginning with your present employer and including a 10-year employment history.

Current or Last Employer:		Address:	
Job Title:	Supervisor's Name:	May we contact employer? YES ___ NO ___ Phone Number:	
Start Date:	End Date:	Starting Rate:	Full Time ___ Part-Time ___ Hours per week: ___
Duties:			
Reason for leaving:			

Previous Employer:		Address:	
Job Title:	Supervisor's Name:	May we contact employer? YES ___ NO ___ Phone Number:	
Start Date:	End Date:	Starting Rate:	Ending Rate: Full Time ___ Part-Time ___ Hours per week: ___
Duties:			
Reason for leaving:			

Previous Employer:		Address:	
Job Title:	Supervisor's Name:	May we contact employer? YES ___ NO ___ Phone Number:	
Start Date:	End Date:	Starting Rate:	Ending Rate: Full Time ___ Part-Time ___ Hours per week: ___
Duties:			
Reason for leaving:			

Previous Employer:		Address:	
Job Title:	Supervisor's Name:	May we contact employer? YES ___ NO ___ Phone Number:	
Start Date:	End Date:	Starting Rate:	Ending Rate: Full Time ___ Part-Time ___ Hours per week: ___
Duties:			
Reason 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 Email	Position	Relationship to Applicant

Have you ever worked at another Discovery Point location? YES\_\_\_ NO\_\_\_

If so, at which location did you work? \_\_\_\_\_

Discovery Point complies with the SMOKE FREE WORK ZONE policy in all Discovery Point Centers, and on all Discovery Point Center grounds. Are able to comply with this policy? YES\_\_\_ NO\_\_\_

States require annual child care training. Are you willing to comply with all state training requirements? YES\_\_\_ NO\_\_\_

I hereby authorize the Discovery Point to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Discovery Point and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Discovery Point can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I have read and fully understand the foregoing, and I seek employment under these conditions.

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

\_\_\_\_\_  
Date

**ADDITIONAL QUESTIONS**

Briefly state your philosophy on child education and development:

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Give an example of a challenging situation you have faced in a classroom with a child and how you handled it.

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Describe ways that you communicate with parents.

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Special skills or additional information about you which we should consider:

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