

The Child Care Consortium, Inc. Employment Application

Position Applied For:		Date of Application	
Location: <input type="checkbox"/> Head Start <input type="checkbox"/> Imagination Station <input type="checkbox"/> Either/Both			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Numbers		Last 4 digits of social security number:	
How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other:			
Are you 21 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		Expected pay: _____	
On what date would you be available to work?			
Are you legally eligible to work in the United States? <i>(Proof of eligibility will be required upon offer of employment)</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a crime? <i>(If yes, please explain.)</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Can you with or without reasonable accommodation perform the essential functions of this job? <i>(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied to The Child Care Consortium, Inc. before? <i>(If yes, please give date.)</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have reliable transportation?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been fired or asked to resign from a job? <i>(If yes, please explain.)</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been disciplined due to tardiness or attendance?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for a social service agency or non-profit organization?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you worked with groups of children? If so, ages of children?: _____ In what capacity?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Describe your talents, special interests, and strengths:			
What personal goals are you seeking to fulfill in this position?			
How do you feel that your education or experience has prepared you for this job?			

DAYS and HOURS AVAILABLE:
 (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Special Skills, Licenses and Certifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE HIGHEST YEAR ATTENDED	GRADUATED	DEGREE, LICENSE OR CERTIFICATION
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
OTHER			1 2 3 4	[] YES [] NO	

REFERENCES (Please list three persons, who are not related to you, who can provide professional references.)

Name	E-mail Address	Phone	Relationship/Occupation	Years Known

EMPLOYMENT BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		JOB TITLE	REASON FOR LEAVING
		MO.	YR.		
NAME OF COMPANY				DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO			
		MO.	YR.		
CITY, STATE, ZIP					SUPERVISOR'S NAME
PHONE		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO
2	EMPLOYER	FROM		JOB TITLE	REASON FOR LEAVING
		MO.	YR.		
NAME OF COMPANY				DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO			
		MO.	YR.		
CITY, STATE, ZIP					SUPERVISOR'S NAME
PHONE		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO
3	EMPLOYER	FROM		JOB TITLE	REASON FOR LEAVING
		MO.	YR.		
NAME OF COMPANY				DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO			
		MO.	YR.		
CITY, STATE, ZIP					SUPERVISOR'S NAME
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO
4	EMPLOYER	FROM		JOB TITLE	REASON FOR LEAVING
		MO.	YR.		
NAME OF COMPANY				DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO			
		MO.	YR.		
CITY, STATE, ZIP					SUPERVISOR'S NAME
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I authorize investigation of all statements contained in this application for employment as may be necessary at arriving for an employment decision.

Initials _____

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended that such employment with The Child Care Consortium, Inc. is at will, for no specified duration and may be terminated by either The Child Care Consortium, Inc. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of The Child Care Consortium, Inc. or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of The Child Care Consortium, Inc except an officer has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by an officer of The Child Care Consortium, Inc.

Initials _____

In consideration for employment with The Child Care Consortium, Inc., if employed, I agree to conform to the rules, regulations, policies and procedures of The Child Care Consortium, Inc. and all licensing and regulatory bodies at all times and I understand that such compliance is a condition of employment. I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

Initials _____

I am aware that as a matter of policy and in compliance with state law, The Child Care Consortium, Inc. requires applicants to pass a drug screen, physical examination, TB skin test and/or chest x-ray, consent to finger-printing and criminal background checks, and provide three professional references in order to be considered eligible for employment.

Initials _____

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature _____ Date _____

Name and number of person completing this form if other than applicant: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.