EMPLOYMENT APPLICATION

101 W Jefferson St.
Springfield, IL 62701
217-785-7499

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____ ***E-MAIL ADDRESS:*** _____

DATE OF BIRTH: _____

POSITION APPLYING FOR: ☐ Teacher ☐ Assistant Teacher
☐ Cook ☐ Cleaning ☐ Maintenance

Date you are able to begin working: _____ Wage Desired: _____

EDUCATION: Diploma/GED (required for employment) ☐ Yes ☐ No

College(s) attended: _____

Total College hours earned: _____

Early childhood hours earned: _____

Degree(s) earned:_____

Work History: (list most current position first)

Employer: _____

Address: _____

Telephone: _____ Immediate Supervisor: _____

Dates employed: _____ Position: _____

Reason for leaving: _____ May we contact employer? ☐ Yes ☐ No

Employer: _____

Address: _____

Telephone: _____ Immediate Supervisor: _____

Dates employed: _____ Position: _____

Reason for leaving: _____ May we contact employer? ☐ Yes ☐ No

Employer: _____

Address: _____

Telephone: _____ Immediate Supervisor: _____

Dates employed: _____ Position: _____

Reason for leaving: _____ May we contact employer? ☐ Yes ☐ No

QUESTIONAIRE

1. What experience have you had in early childhood and/or with children?

2. Are you seeking full or part-time employment?

3. The centers hours are 7:30 a.m. to 5:30 p.m. What days and hours would you prefer to work? (and why?)

4. How many children do you have that would require enrollment at the center? What are their ages?

5. How would you describe your personality?

6. Do you have anything on your legal record that might prevent you from being hired?

7. All center employees are subject to a thorough background check and fingerprinting by The Department of Children and family Services. Do you have any problem with this?

8. Are you physically and mentally able to do the job you are applying for?

9. Do you have reliable transportation?

10. Do you work well independently?

11. Do you work well with others?

12. What are your short term goals?

13. What are your long term goals?

14. Are you willing to complete courses or credentialing programs to further your education and knowledge of early childhood education.

15. Why are you interested in joining our team?

References

Name: _____ Phone Number: _____

How many years have you known this person? _____

In what capacity have you known this person? (personal, coworker, school, etc.) _____

_____

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_____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, -personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Applicant Signature: _____ Date:_____