



OLD FOUNTAIN ACADEMY OF PRESCHOOL AND CHILD CARE INC.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

POSITION APPLYING FOR: _____ DATE: _____

PERSONAL INFORMATION

Legal Name: First _____ Middle _____ Last _____

Address: Street _____ City _____ State _____ Zip code _____

Date of Birth: ___/___/___ Cell Phone: (____) ____ - ____ Cell Phone Provider: _____

E-mail: _____ Social Security #: ___/___/___

Driver's License #: _____ Class: ___ State: _____

Are you legally eligible for employment in the United States? Yes No

United States Visa status, if applicable: _____

Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of or charged with a crime or felony? Yes No

If yes, please explain circumstances: _____

Are you at least 18 years old? Yes No

POSITION INFORMATION

Position(s) applying for: _____ Salary desired: \$ _____

Employment status desired: Full Time Part Time Temporary

What hours are you available to work? _____

If hired, when could you start? _____

EMPLOYMENT HISTORY
(Most recent first)

1. Job Title:	Duties:		
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
2. Job Title:	Duties:		
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
3. Job Title:	Duties:		
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
4. Job Title:	Duties:		
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			

EDUCATION
(Attach documentation of qualifying education)

Credentials	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College / University					
Graduate School					
Technical School / Other					

List any participation in child care training courses and experiences related to early childhood development or any other experience, abilities or skills that might be helpful in considering your application:

List any experiences you have had working with groups of children. Include dates of attendance and expiration dates of any certifications.

Are you planning to further your education? Yes _____ When? _____ No Plans _____

Have you had CPR Training within the past two years? Y / N (Circle one)

Have you had First Aid Training within the past three years? Y / N (Circle one)

Describe any physical or personal limitations on the type of work you can perform that may interfere with your capability to work with children at school or the amount of time you can spend at work:

Applicant's Signature: _____ Date: _____

REFERENCES & EMERGENCY CONTACTS

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

Name	Phone #	Years Acquainted

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

CERTIFICATION & AUTHORIZATION

"I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment."

"I certify that I have never been convicted of and it has never been shown by credible evidence, e.g., a court or jury, a department investigation or other reliable evidence that I have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct."

"I authorize Old Fountain Academy of Preschool and Child Care Inc., to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position."

"If employed, I agree to conform to the rules, regulations, and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law."

I understand that as a condition of this application process the company will perform federal, state, and local criminal history and records check, and by signing this application I acknowledge my understanding of this and my consent to such checks and any update reports.

"I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions."

Signature of Applicant

Date

Official Use only
DO NOT WRITE BELOW THIS LINE

Start Date: _____ / _____ / _____ Scheduled Hours: _____

Position Desired: _____ Position Hired For: _____

Date Available: _____ Rate of Pay: _____

This _____ day of _____, 2_____

Interviewed By: _____