



Application for Employment

Please print or type all information

Date: _____

Name			
Street Address			
City, State, Zip			
Primary Phone		Secondary Phone	

What prompted application?

Advertisement	<input type="checkbox"/>	Own Accord	<input type="checkbox"/>
Referred	<input type="checkbox"/>	Employee Referred	<input type="checkbox"/>

Position Applied For: _____

Preferred Start Date: _____ **Minimum Salary Acceptable:** _____

I am willing to accept work on the following basis:

Full-Time	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>
Temporary	<input type="checkbox"/>	Substitute	<input type="checkbox"/>

Students please list your hours of availability on the reverse side of this application.

Educational Information

High School Attended: _____ Diploma _____ GED _____

Name and Address of Last School Attended: _____

Dates of Attendance: _____ **Degree Earned:** _____

College(s) Attended: _____

Undergraduate Major/Minor(s): _____

Graduate School: _____

Graduate Major: _____

Certification Received: _____ from _____

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

Other applicable special training received: _____

Personal Background Information

Your hobbies and recreation: _____

To what organizations do you belong (professional, educational, social, fraternal)? _____

Special Talents? _____

Do you play a musical instrument? _____

Do you sing? _____

Previous Employment

Please indicate last 3 employers

Name			
Street Address			
City, State, Zip			
Primary Phone		Supervisor's Name	
Position/Duties		Salary	
Dates of Employment			
Reason for Leaving			

Name			
Street Address			
City, State, Zip			
Primary Phone		Supervisor's Name	
Position/Duties		Salary	
Dates of Employment			
Reason for Leaving			

Name			
Street Address			
City, State, Zip			
Primary Phone		Supervisor's Name	
Position/Duties		Salary	
Dates of Employment			
Reason for Leaving			

Physical Record

Are there any physical or personal limitations on the type of work you can do with young children and infants at the Center or the amount of time you can spend at work? _____

References

Please list 3 references, not including relatives or former supervisors:

Name	
Street Address	
City, State, Zip	
Primary Phone	
Occupation	

Name	
Street Address	
City, State, Zip	
Primary Phone	
Occupation	

Name	
Street Address	
City, State, Zip	
Primary Phone	
Occupation	

Driver's License Information

Some driving and transporting of children may be involved with employment.

Do you have a valid Illinois Driver's License? Yes _____ No _____

Do you carry liability insurance? Personal _____ Auto _____

Name of insurance company and agent: _____

List all accidents or moving violation in the last 3 years: _____

I authorize the prospective employer to inquire as to my record of any or all persons and of my former employers. In the event of my employment with the Charleston Community Early Learning Center, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation in writing TWO WEEKS prior the effective date.

It is my understanding that the first three months of my employment are probationary and, if my services have not proven satisfactory according to the job description, my employment may be discontinued.

Applicants Signature: _____

Date: _____