



# 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:** EXECUTIVE DIRECTOR

**Preferred Start Date:** January 1, 2023

**I am willing to accept work on the following basis:**

Full-Time	<input checked="" 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: \_\_\_\_\_

**Please review, initial, or write explanation on each required credential on pages 5 and 6.**

## 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			

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## 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? \_\_\_\_\_

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## 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	

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## 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: \_\_\_\_\_

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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: \_\_\_\_\_

**Please initial if you have met this requirement; write an explanation of when you intend to meet this requirement if you have not already obtained it.**

1. Minimum 21 years of age, possessing a high school diploma or equivalency certificate (GED) and holding a valid driver's license that has been continuously valid for three years.

\_\_\_\_\_  
Initial

2. Must possess at minimum an associate degree in child development or early childhood education (or 64 semester hours in any discipline with a minimum of 21 semester hours of college credit in child development, early childhood education or early childhood special education), and a Gateways to Opportunity Level I Illinois Director Credential or 3 semester hours of college credit or 3 points of credential approved training administration, leadership, or management.

\_\_\_\_\_  
Initial

3. Additional coursework in educational administration and supervision is required.
  - a. Has completed or has the ability to complete within 36 months of hiring a basic training course of 6 or more hours in providing care to children with disabilities with documentation certifying completion thereof.

\_\_\_\_\_  
Initial

- b. Meet all the qualifications in Part 407 of the DCFS Licensing Standards for Day Care Centers 407.100 – 407.130.

\_\_\_\_\_  
Initial

4. Must also have:
  - a. Sixty semester hours (or 90 quarter hours) of credits from an accredited college or university with six (6) semester or nine (9) quarter hours in courses related directly to child care and/or child development, from birth to age six; OR

\_\_\_\_\_  
Initial

- b. One year (1560 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center and thirty (30) semester hours (or 45 quarter hours) of credits from an accredited college or university with six (6) semester or nine (9) quarter hours in courses related directly to child care and/or child development, from birth to age six; OR

\_\_\_\_\_  
Initial

- c. Completion of credentialing programs approved by the Department in accordance with Appendix G of Licensing Standards for Day Care Centers (407.Appendix G; page 131)

\_\_\_\_\_  
Initial