



Application Instructions:

1. Please print neatly using a pen with blue or black ink.
2. Answer all of the questions and complete all of the sections. **The application must be filled out completely even if resume is attached.**
3. Read all of the information on the application carefully. Sign and date the application after you have answered all of the questions, completed all of the sections, and reviewed the completed document for accuracy.

OUR CENTER POLICY IS TO PROVIDE EQUAL OPPORTUNITY TO ALL QUALIFIED APPLICANTS AND EMPLOYEES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS OR CONDITION IN ACCORDANCE WITH THE LAW. THE CENTER WILL MAKE REASONABLE ACCOMODATIONS TO THE KNOWN PHYSICAL OR MENTAL LIMITATIONS OF A QUALIFIED APPLICANT OR EMPLOYEE WITH A DISABILITY. EACH APPLICANT MUST BE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT ACCOMODATIONS.

Personal Data

| | | | | | | | |
|--|---------------|--|------------------|---|--------------------------|-----------------|---------------|
| Legal Name (Last, First, M.I) | | E-mail Address | | Desired Salary: | | | |
| Please list any names that will be necessary to permit a background check of your work and education records | | | | | <input type="checkbox"/> | | |
| Current Address | | City | State | ZIP/postal code | | | |
| Home Phone Number | | Current Work Number | | Cellular Phone Number | | | |
| Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to work on Saturday? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to attend night/weekend staff meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Can you produce evidence of the right to work while in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever worked for or applied for a position with Joy Childcare LLC. in the past? If yes, when? What Position? | | Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No This position requires you to be 18 years old Position Applying for: <input type="checkbox"/> Teaching Position <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Substitute/Season Employee <input type="checkbox"/> Driver/Food Service <input type="checkbox"/> Management Position | | | |
| Do you have any relatives who work for Joy Childcare LLC.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list their name(s): | | When will you be available to work? <input type="checkbox"/> ASAP <input type="checkbox"/> Date Available: | | | | | |
| Due to the hours that our center is open and current enrollment, our schedules can range from 6:30 am to 6:00 pm. Set schedules are not guaranteed. Please indicate any Days and Times you are regularly UNAVAILABLE or indicate OPEN if you have no schedule restrictions. | | | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Not Available | | | | | | | |

Education

| | | | | | |
|--|--|-------------------------------|--|-------------|--|
| Highest level of Education Completed <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> College/University, Degree Awarded: | | | | | |
| School Name | | School Location (City, State) | | Major/Minor | |
| If no degree awarded, please indicate: School attended: _____ Dates Attended: _____ Course of Study: _____ # of ECE units _____ | | | | | |
| Please indicate any volunteer work, organizations, memberships, certifications/license and/or child related activities that may be relevant to the position. (i.e. CDA) | | | | | |

Employment (List most recent employer first. Complete this section in full, including all compensation information.)

| | | | | | |
|---|---------------|--|---------------|--|---------------|
| Employer Name | | Employer Name | | Employer Name | |
| <input type="checkbox"/> Current Employer <input type="checkbox"/> Previous Employer | | <input type="checkbox"/> Current Employer <input type="checkbox"/> Previous Employer | | <input type="checkbox"/> Current Employer <input type="checkbox"/> Previous Employer | |
| Employer's Telephone No. | | Employer's Telephone No. | | Employer's Telephone No. | |
| Job Title | | Job Title | | Job Title | |
| Compensation Salary/Hourly rate \$ per | | Compensation Salary/Hourly rate \$ per | | Compensation Salary/Hourly rate \$ per | |
| Annual Bonus Earned \$ | | Annual Bonus Earned \$ | | Annual Bonus Earned \$ | |
| Start (MM/YYYY) | End (MM/YYYY) | Start (MM/YYYY) | End (MM/YYYY) | Start (MM/YYYY) | End (MM/YYYY) |
| Supervisor/Manager Name | | Supervisor/Manager Name | | Supervisor/Manager Name | |
| Supervisor/Manager Title | | Supervisor/Manager Title | | Supervisor/Manager Title | |
| Employer Address | | Employer Address | | Employer Address | |
| City | State | City | State | City | State |
| County | ZIP | County | ZIP | County | ZIP |
| Reason for Leaving? | | Reason for Leaving? | | Reason for Leaving? | |
| Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please explain any gaps in employment: | | | | | |
| Have you ever been fired, or asked to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | | | | | |

Background Information

- For background check purposes, please provide your social security #:
- Have you ever been investigated by Child Protective Services, State licensing or any comparable entity regarding your ability to work with children? Yes No **If Yes, please explain:**
- Please complete unless told not to, as not all positions require driving for work purposes.
Drivers License #: _____ State Issued: _____ Do you have a Special Operators license? Yes No
- Have you been convicted of any moving violations (i.e. speeding, seatbelt violation, running a stop sign, etc.,) or been involved in a vehicular accident in the last 3 years? Yes No **If yes, please complete the following:**

| Date | County/City, State | Description of Violation or Accident | Convicted? (check one) | Fine Paid? (check one) |
|------|--------------------|--------------------------------------|--|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Business References (Enter three business references. **Do not** enter personal references.)

| | | |
|------------------------|------------------------|------------------------|
| Name | Name | Name |
| Employer/Job Title | Employer/Job Title | Employer/Job Title |
| Location (City, State) | Location (City, State) | Location (City, State) |
| Telephone No. | Telephone No. | Telephone No. |
| E-mail Address | E-mail Address | E-mail Address |

Agreement *(Please read the following statement carefully before signing. Only applications that are signed and dated are considered valid.)*

Release for Background Screening

As part of the application process, the Center may obtain a criminal background check through federal, state and or local law enforcement agencies.

Verification of Information and Reference Checks

By signing this application, I 1.) authorize the center to contact all of my employment references, and to investigate and obtain copies of any records from former employers, educational institutions, other relevant third parties, and any government or law enforcement agency. 2) I hereby consent to have a physical and/or medical examination(s) and or test(s) conducted by a physician as required by state child care laws/regulations, and understand that an offer of employment may be conditional upon the results of this examination(s) or test(s). I consent to have the results of such required physical examinations released to the Center.

Certification of Truth and Accuracy

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete. I also understand that the omission, falsification or misrepresentation of any fact from the application or materials I submit, or during any interview, will be cause for the denial of application, withdrawal of offer, or immediate dismissal.

Mandated Reporter

If hired, I understand that I am by law a mandated reporter. I will immediately report signs of abuse or neglect to the state child care agency and/or law enforcement authorities.

I have read the agreement; I understand it, and agree to its terms.

Signature

Date