

Jet's Daycare Inc. / Ity Bity Learning Center

Employment Application

Personal Information
(Please Print Neatly)

Applicant's Full Name: (First, Middle, Last)

Address: (Street Address)

(City, State, Zip Code)

Length of time at this address: _____

Home Phone#: _____ - _____ - _____

Cell#: _____ - _____ - _____

Email Address: _____

Date of Birth: ___/___/___ Citizenship: USA Yes or No

Social Security#: _____ - _____ - _____

Emergency Contact Information:

Contact's Full Name: (First, Middle, Last)

Relationship to Contact:

Address: (Street Address)

(City, State, Zip Code)

Home Phone#: _____ - _____ - _____

Cell#: _____ - _____ - _____

Education Information:

Name of High School _____ Completed - Yes or No/ If yes what year _____

Did you attend College: Yes or No / If Yes Please Answer Questions:

Name of College _____ Completed - Yes or No/ If yes what year _____

What degree or degrees have you earned:

Have you completed the DCF 45 hour's child care training course? Yes or No

Do you have Staff credentials? Yes or No If yes, when or do they expire? _____

Do you have your Directors credentials? Yes or No If yes, when does it expire _____

Do you hold a valid CPR and 1st Aid Certification? Yes or No

If not, would you be willing to take such courses? Yes or No

Position Applying for: (Check all that apply and then indicate 1, 2, 3 etc....in the order of preference)

Full Time: ___/___ Part Time: ___/___ Substitute: ___/___

Cook: ___/___ Janitorial: ___/___

Lead Teacher: ___/___ Teacher Aid: ___/___ Floater: ___/___

Infant Room: ___/___ 1 Year Old Room: ___/___ 2 Year Old Room: ___/___

3 Year Old Room: ___/___ 4 Year Old Room: ___/___ VPK: ___/___

Why would you like to work with the age group you selected as 1?

1. How much an hour do you think is a fair amount for the job you are applying? Why do you think this is a fair amount?

2. What is one way you could help make the environment at the center a loving and caring experience for the children?

3. Do you consider yourself a multi-tasker? How might this quality be helpful in a classroom setting?

4. What do you believe are some key qualities one needs to work with children? Please explain why you believe these are key qualities?

5. What are two different approaches you would use if a child was having difficulty separating from their parent(s)?

6. What do you hope to gain from this center?

7. Name one of your best qualities? How do you think this will benefit the children?

8. In your opinion, how should one speak to a child?

9. In a case where a child is having a hard time listening to directions, how might you approach the situation?

10. Do you have experience in a classroom setting?

If yes, how many years, what age were the children, what was the position you held, and give a brief description of this experience?

If no, please explain what age group you would most like to work with, position, and a brief description of what you would like to be a part of?

11. What do you think is the appropriate way to correct a child?

12. What type of relationship do you strive to have with your co-workers? Please explain how you actively try to achieve this type of relationship.

Have you ever held a child care License with the Department of Children and Families or been registered to provide child care in your home? **Yes or No**

While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action? **Yes or No** If Yes, please explain.

Employment History Form

Please complete this form and list your current employer first.

Previous Employer Name:

Phone #: _____ - _____ - _____ Ext: _____

Address: _____ City/State/Zip _____

Position Held: _____ If supervisor, # of employees you supervised _____

Start Date: Month: _____ Year: _____ End Date: Month: _____ Year: _____

Reason for Leaving:

Previous Employer Name:

Phone #: _____ - _____ - _____ Ext: _____

Address: _____ City/State/Zip _____

Position Held: _____ If supervisor, # of employees you supervised _____

Start Date: Month: _____ Year: _____ End Date: Month: _____ Year: _____

Reason for Leaving:

Previous Employer Name:

Phone #: _____ - _____ - _____ Ext: _____

Address: _____ City/State/Zip _____

Position Held: _____ If supervisor, # of employees you supervised _____

Start Date: Month: _____ Year: _____ End Date: Month: _____ Year: _____

Reason for Leaving: _____

Personal References

(Do not list family member or relatives for references)

Name	Phone
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1. _____
2. _____
3. _____

Acknowledgement and Authorization for Criminal Background Check

I hereby authorize and request any present or former employer, school, credit agency, financial institution, law enforcement agency, city, state, county and federal court and agency, military service or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application that I sign. This notice serves as consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Date _____

Print Applicant's Name _____

Applicant's Signature _____

Confidentiality: It is anticipated that EMPLOYEE will, during the term of employment, have access to valuable proprietary and confidential business and professional information and/or trade secrets of Center, including unique business and expansion plans and strategies, parent lists, and other "material information". The foregoing, together with any other information and materials that Center designates or treats as "confidential" are referred to collectively as "Confidential Information." EMPLOYEE agrees that all Confidential Information, is and shall remain the sole and exclusive property of Center and that all Confidential Information that may be made known or available to EMPLOYEE shall be provided or revealed in trust and confidence. EMPLOYEE covenants of confidentiality regarding Confidential Information shall apply whether the Confidential Information is written, electronic, or simply a matter of personal knowledge. Confidential Information does not include information which is in the public domain. EMPLOYEE agrees to hold and maintain all Confidential Information in confidence, and will not use it in any manner whatsoever or disclose any such information to any third party except (a) with the prior written consent of the Center, or (b) as the law may require. All written materials, records, and other documents that shall hereafter be made by, or shall come into the possession of EMPLOYEE during the term of the employment, which contains or discloses Confidential Information, are the property of Center, and EMPLOYEE covenants to Center that any of the same, and all copies,

4. What were the major duties performed?

5. Was the applicant's work performance satisfactory? Please Verify: **Yes or No**
Please explain: _____

6. Did the applicant's absentee record affect his/her performance or the productivity of the program? Please Verify: **Yes or No** If **Yes**, Please explain: _____

7. Has the employee ever received any disciplinary action? Please Verify: **Yes or No**
If **Yes**, Please explain:

8. Why did the person leave your organization?

9. Would you rehire? Please verify: **Yes or No**
If **No**, Please explain:

10. Are you aware of any information that might negatively affect this individual's suitability for employment in a position caring for children? Please verify: **Yes or No**

11. Are there any other comments you wish to make about the individual's work performance? Please verify: Yes or No
