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 Initial Last Address: Street City State Zip code Date of Birth: ____/___ Home Phone: (____) ___ - ____ Cell Phone: (____) ___ - ____ 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 been 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: \$_____ ☐ Full Time ☐ Part Time Employment status desired: ☐ Temporary What hours are you available to work? ______ If hired, when could you start? _____ Phone #: _____ Emergency Contact:_____

EMPLOYMENT HISTORY

(Most recent first)

1. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending S	Salary:	☐ Full Time ☐ Part Time ☐ Temp
Employer's Address:			
Supervisor:		May we contact? ☐ Yes ☐ No	Phone:
Reason for Leaving:			
2. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending S	Salary:	☐ Full Time ☐ Part Time ☐ Temp
Employer's Address:			•
Supervisor:		May we contact? ☐ Yes ☐ No	Phone:
Reason for Leaving:			
3. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending S	Salary:	☐ Full Time ☐ Part Time ☐ Temp
Employer's Address:			
Supervisor:		May we contact? \square Yes \square No	Phone:
Reason for Leaving:			
4. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending S	Salary:	☐ Full Time ☐ Part Time ☐ Temp
Employer's Address:			
Supervisor:		May we contact? ☐ Yes ☐ No	Phone:
Reason for Leaving:			

EDUCATION (Attach documentation of qualifying education)

Type of school	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College / University					
Graduate School					
Tech School					
Other					

List any participation in child care training c	ourses and experiences related to ea	rly childhood development or any other experi	ence,
abilities or skills that might be helpful in	considering your application:		
List any experiences you have had working certifications	• •	es of attendance and expiration dates of any	
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 p	past three years? Y / N (Circle on	e)	
Describe any physical or personal limitation	ns on the type of work you are capable	e of performing that may interfere with your capa	bility to
work with children at school or the amount of	of time you can spend at work:		
This	day of	, 2	·
Applicant's Signature			

References:

Give the names of three persons not related to you, whom you have known at least one year.

Name	Phone #	Years Acquainted

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		

Interview Questions:

1.	What would you do if you were in a classroom with 15 month old children and one of
	them bit another child? What would you do with the biter and what would you do for
	the child that got bit?

- 2. A three year old has said "damn" while playing. What are you going to do?
- 3. You have 12 children that are 2 1/2 years old. Two of them are constantly hitting. What are you going to do?
- 4. What are the state staff to child ratio's for 6 month old's, 2 year old's and 3 year old's?