



APPLICATION DATE:	FIRST NAME	MIDDLE NAME:	LAST NAME:	
PHYSICAL ADDRESS:		CITY:	STATE:	ZIP
HOME PHONE:	CELL PHONE:	EMAIL:		
EMERGENCY CONTACT:		RELATIONSHIP:	TELEPHONE:	
		DRIVER'S LICENSE OR ID:	ST ISSUED:	

ANSWER THOSE THAT APPLY BELOW:

Other names you have used in the past or present:

Are you a citizen of the United States? YES NO - If no do you have lawful work status? YES NO

Are you at least 18 years of age? YES NO - If no child care related course you have taken:

List any certifications or qualifications you may have:

If applying for Director, Assistant Director or Van Driver are you at least 25 years old:

Circle the positions you are interested in: Director Asst. Director Lead Teacher Assistant Teacher
Curriculum Coordinator Spanish Teacher Computer Teacher Van Driver Other

Circle the age groups you are interested in working with: Infants 12-17 months 18-24 months
2 year olds 3 year olds Pre-K younger Pre- K older School Age

List any relatives employed or enrolled at ABC ACADEMY:

Have you ever been convicted of a crime (Includes guilty, no contest pleas?) YES NO - If yes, Explain:

Are you willing to participate in training for teachers?

Are you willing to prepare and turn in curriculum 2 months in advance?

Are you involved in the community? YES NO - If yes please explain:

Please list all activities that you are involved in that might affect your attendance:

Are you willing to obtain your CDL License?

Do you have access to transportation? YES NO

Do you have children that will attend the center? YES NO

PLEASE LIST:

NAME	AGE	GRADE	

REFERENCES- Please do not list previous employer, pastor, or family!

NAME	ADDRESS	TELEPHONE	PLACE OF EMPLOYMENT

EDUCATION:	NAME	CITY, STATE	DATE GRADUATED	YEARS
HIGH SCHOOL:				
COLLEGE/OTHER:				
OTHER:				

Are you certified in First Aid CPR? YES NO Date certified through?

Any CERTIFICATES or CHILDCARE TRAINING, please list and explain?

EMPLOYEMENT RECORD: Start with most recent - 1

EMPLOYER:	To:	Job Responsibilities:
Address:	From:	
Supervisor:	Phone:	
Start Salary:	Final Salary:	

Reason for leaving:

EMPLOYEMENT RECORD: Start with most recent - 2

EMPLOYER:	To:	Job Responsibilities:
Address:	From:	
Supervisor:	Phone:	
Start Salary:	Final Salary:	

Reason for leaving:

EMPLOYEMENT RECORD: Start with most recent - 3

EMPLOYER:	To:	Job Responsibilities:
Address:	From:	
Supervisor:	Phone:	
Start Salary:	Final Salary:	

Reason for leaving:

Applicant Certification, Agreement, and Release
(please initial after each item and sign below)

I hereby certify that all the information given is true, correct and complete. I agree that if any information is found to be false, it could result in my application being rejected, and if I am employed, my employment may be terminated, whenever it is discovered. _____

I expressly authorize, without reservation, this company, its representatives, employees or agents to verify the accuracy of all the information provided in this application, resume, or job interview and to thoroughly investigate any aspect of my prior educational and employment history. I authorize my former employers and any other person, all references, schools, organizations, entities, firms or corporations to release information, answer all questions asked concerning my past work history and general character without giving me prior notice of such disclosure. I further release and hold harmless any and all companies and individuals, along with this Company and its employees and representatives from any and all claims, demands, damages, and liability in connection with having furnished and/or use of such information or disclosure. Any information released will be viewed only by those involved in the hiring decision. _____

I agree that, if I am employed by this Company, sometime in the future some potential employer may contact this Company or its representatives concerning my work record and/or performance. I hereby consent to and authorize persons employed by this Company to divulge any and all information they consider relevant to any person representing themselves to be an employer or potential employer of mine with respect to my work record and/or performance of my job. _____

In consideration to my employment I agree to conform to the Company's rules and regulations. I understand that employment policies and procedures which are issued are conditions of employment and that the employer may revise policies or procedures in whole or in part at any time. I agree to abide by all present and any subsequently issued rules and policies. _____

Pre-service Training, TB test, CPR and First Aid are prerequisites for employment with this Company. Proof of certification is required. _____

I understand, as a condition of the application process, that by signing this application I acknowledge my understanding and consent to perform a criminal history/background check, records check and any updated reports of my background. I understand that any offer of employment is contingent upon successfully passing a criminal history review, any interviews and/or satisfaction of all state licensing requirements. Additionally, verification of an acceptable motor vehicle driving record may be required for applicable job categories. I understand that an outside firm of the company's choice may be used. I hereby unconditionally release this Company and any local, state, and federal bureau, agency and department and their agents, employees, officers or directors from any and all liability in any way related to or arising from the provisions or utilization of such records. _____

Furthermore, I understand that if I am hired, employment with this company is "at-will". I recognize that employment with this Company is not for a specific term and can be terminated by me or the Company at any time, for any reason, with or without cause. I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract, that no employment is being offered. I understand that any oral or written contracts to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I also understand and agree that the terms and conditions of my employment, wages and benefits may be changed, with or without cause and/or notice at anytime by the company. _____

I understand that proof of identity and legal eligibility for employment will be required upon employment. I understand that this Company is a drug-free employer and has a policy which may include, but is not limited to, pre-employment screening, as well as random, post-accident, and "reasonable suspicion" testing. _____

I also understand and agree that if hired, in the performance of my duties as an employee, I must hold in confidence any and all information that I come in contact with regarding my employer or its business. _____

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. I agree that a copy of this Agreement and Certification shall be as valid as the original. _____

Do not sign until you have carefully read the above application statement

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from anyone and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Signature of Applicant

Printed Name Date