

# **Employment Application**

Name :					Date:	
First		La	st	MI		
Sex: M F	Birth date:		Social Security Numl	ber:		
Local Address	: <u> </u>		City	State	z Zip Code	
Permanent Address:					-	
i cimanent Au	Street		City	State	z Zip Code	
Telephone:	Telephone:Cellular Telephone:			Email Address:		
Are You Over 18 Years of Age?  Yes  No Full Time or Part Time?						
Position Desired: Lead Teacher Assistant Teacher Substitute/Floater Teacher						
Availability:	We are open 6:30 am t				I	
Times:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times.						
Date Available to Start: Expected Hourly Wage:						
How did you h	near about Bright Begi	nnings Learning Cer	nter'?			
Please explain	any health concerns t	hat may prevent you	from working with c	hildren or performin	g certain required	
tasks:						
Has anyone ev	ver suggested or allege	d that you are not ap	propriate to work wit	h children? 🗖 No 🗖	Yes	
If "Yes" pleas	e explain:					
Has Child and	Youth Services ever i	nvestigated you rega	arding your appropria	teness to work with	children?	
□No □Yes						
If "Yes" please explain:						



Have you ever been convicted of a felony?  $\Box$ No  $\Box$ Yes

If "Yes" please explain (including date, location, charge, and sentence):

Have you ever been convicted of a crime (misdemeanor or felony)? DNo DYes

If "Yes" please explain (including date, location, charge, and sentence):

Have you ever received a judgment related to child abuse, child neglect, and/or unlawful sexual offences?  $\Box$ No  $\Box$ Yes

If "Yes" please explain (including date, location, charge, and sentence):

(Disclosure of criminal record will not necessarily disqualify you from employment)

#### **Education:**

School Name	Location	Degree	Concentration	GPA
High School:		Graduated?		
		□Yes □No		
College:				
Additional Classes or				
Trainings applicable:				

First Aid Certification  Yes No	Date Completed:	Expires:
CPR Certification  Yes No	Date Completed:	Expires:
Pediatric CPR Certification  Yes No	Date Completed:	Expires:
Other lifesaving or EMS training courses completed:	Date Completed:	Expires:



## **Employment History Starting With Most Recent:**

Company Name and Address	Dates of	Name and	Starting Position	Reason for Leaving/
	Employment	Telephone Number	Ending Position	May we contact ?
		of Supervisor		

Have you ever been terminated from any position? DNo DYes

If "Yes" please explain:\_\_\_\_\_

### Personal References (Please do not include family members or previous employers)

Name	Relationship to Applicant	Telephone Number

### **Short Answer Questions:**

Do you have any special skills or talents that would benefit the center?\_\_\_\_\_

Imagine that you are assisting with a lesson that involves toddlers singing and dancing around the room. You are very tired that particular day, and you are not comfortable with your singing voice. What will you do?

What does professional behavior mean to you? (Give one example)\_\_\_\_\_



What are some ways to deal with crying children?

Give an example of your level of patience?

### **Applicant's Certification and Agreement**

I voluntarily give Bright Beginnings Learning Center the right to make a thorough investigation of my past education and employment activities as well as medical or personal history that is job related. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies and corporations supplying such information.

I consent to taking any physical examination, medical or drug tests which may be required by Bright Beginnings Learning Center, upon receiving a conditional offer of employment or in the future, in order to determine my ability to perform job duties. I agree to wear or use protective clothing or devices as required by Bright Beginnings Learning Center and to comply with all safety rules.

I understand that if I accept employment at Bright Beginnings Learning Center, I can terminate employment at any time and can be terminated at any time, with or without cause, and there is no contract, expressed or implied, for continued employment.

I certify that the above information and any information provided on my résumé is true and accurate to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application or résumé, I may be refused employment, or if I am employed, I may be terminated immediately.

By submitting this application for employment, I agree that I will resolve any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, my employment and/or the cessation of my employment with Bright Beginnings Learning Center exclusively by final and binding arbitration association national rules for the resolution of employment disputes.

Signature:\_\_\_\_\_ Date

An open and equitable personnel system will be established and maintained. Personnel policies, procedures and practices will be designed to prohibit discrimination on the basis of race, color, religious creed, disability, ancestry, national origin, age, or sex.

Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees.