

Please print these forms and bring them in for review.
This link is provided for your convenience only and is not intended to be completed online.
Completing the forms does not guarantee employment.

Cornerstone Child Development Center, LLC
Application for Employment

Personal Information:

Date: _____

Full Legal Name: _____
(Last) (First) (Middle)

The Name You Go By: _____

Address: _____
(Street)

(City) (State) (ZIP)

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Email _____

Emergency Contact: _____
(Name) (Daytime Phone) (Cell Phone)

Education:

	<u>Name</u>	<u>Course of Study</u>	<u>Year Completed</u>	<u>Degree</u>
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Special Courses:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Experience:

Employer: _____ Dates of Employment: _____ to _____

Address: _____ Phone Number: _____

Position: _____ Direct Supervisor: _____

Describe your duties: _____

Reason for leaving: _____

For Office Use Only:	Date Contacted: _____	Contacted by: _____

Employer: _____ Dates of Employment: _____ to _____

Address: _____ Phone Number: _____

Position: _____ Direct Supervisor: _____

Describe your duties: _____

Reason for leaving: _____

For Office Use Only:	Date Contacted: _____	Contacted by: _____

Employer: _____ Dates of Employment: _____ to _____

Address: _____ Phone Number: _____

Position: _____ Direct Supervisor: _____

Describe your duties: _____

Reason for leaving: _____

For Office Use Only:	Date Contacted: _____	Contacted by: _____

Employer: _____ Dates of Employment: _____ to _____

Address: _____ Phone Number: _____

Position: _____ Direct Supervisor: _____

Describe your duties: _____

Reason for leaving: _____

For Office Use Only:	Date Contacted: _____	Contacted by: _____

May we contact the listed employers? _____ If not, which one(s) do you not wish us to
contact and why? _____

Volunteer Work: _____

Other Experience Working with Children:

References: (Church, Education Related, etc., NOT relatives) - Must List At Least Three

Name: _____ Phone Number: _____

Address: _____

Type of Reference: _____

For Office Use Only:	Date Contacted: _____	Contacted by: _____
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Name: _____ Phone Number: _____

Address: _____

Type of Reference: _____

For Office Use Only:	Date Contacted: _____	Contacted by: _____
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Name: _____ Phone Number: _____

Address: _____

Type of Reference: _____

For Office Use Only:	Date Contacted: _____	Contacted by: _____

Name: _____ Phone Number: _____

Address: _____

Type of Reference: _____

For Office Use Only:	Date Contacted: _____	Contacted by: _____

Questions:

Are you looking for part-time or full-time employment? _____

What position are you applying for? _____

The Center is open from 6:30a.m. to 5:45 p.m. Are there any hours that you cannot work and why?

Are you looking for a short-term or long-term position? _____

Are you over the age of 18? _____ If not, employment is subject to verification that you are of minimum age.

Are you a citizen of the United States? _____ If not, can you provide proof that you can legally be employed in the U.S.? _____

Have you ever been convicted of a crime? _____ If yes, explain: _____

Have you ever been discharged or requested to resign from a position? _____

If so, explain: _____

Does your present employer know of your plans to change employment? _____

Why do you desire to make a change? _____

How much time have you lost from work during the past year? _____

Do you have a steady transportation to work? _____

Do you have personal responsibilities or problems that may affect your daily attendance? If yes, explain: _____

Other than loving children, why do you want to work in a child care facility? _____

The director sets work schedules according to available openings and classroom needs. Are there certain times you would prefer to work or not work? _____

What age group do you prefer to work with? _____

Is there an age group you prefer to not work with? _____

What age groups have you worked with in the past? _____

What are your strongest attributes? _____

What makes you a reliable and dependable employee? _____

How would you handle a situation in which a parent becomes angry because his/her child has been bitten by another child? _____

Policies/Procedures/Information:

All employees must have a physical, drug screen, and background check. Are you willing to submit to all of the above if it is paid for by the Center? _____

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on my application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice in compliance with applicable laws or statutes.

I understand that employment at this organization is "at will" and includes no guarantee, contract, or promise of employment for any specified length of time. I further understand that a criminal record check, including fingerprint search, may be conducted on me, and I consent to any such check.

I authorize the use of any information in this application and any attached supplements to verify my statements. I also authorize the past employers, schools, churches, all references, and any other persons or organizations – whether or not identified in this application – to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any and all liability or damages on account of having furnished such information.

Applicant's Signature: _____

Date: _____

Hire Date: _____

Termination Date: _____

Rehire Date: _____