

JOB APPLICATION ALL POSITIONS

NOTE: Please answer each question completely or your application will be void.

NAME	DATE
DOB	
ARE YOU AT LEAST 18 YEARS OF AGE	
POSITION(S) APPLIED FOR:	
 □ Lead Teacher (License/Degree Required) □ Classroom Teacher (Degree Required) □ Classroom Assistant (Associates or CD/ID) □ Paraprofessional Aide (High School Dip 	A)
ADDRESS	
PHONE NUMBER	
SOCIAL SECURITY NUMBER	
CRIMINAL HISTORY	
Has a court ever denied you parental custodial or visitation rights as a result of maltreatment?	
Have you ever been convicted of any of the following? Murder, Manslaughter, Battery, Assault, Terroristic Threatening, Kidnapping (false imprisonment, permanent detention or restraint), Carnal abuse, sexual abuse, abuse of a minor, incest, Endangering of a minor, permitting Child Abuse, Engaging children in explicit conduct for print or visual use, Pandering/possessing visual or print medium	

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child, Negligent He Degree, Coercion Sexual Indecency Endangering the V Second Degree, A	explicit conduct invomicide, Assault in , Sexual Misconduct , Indecent exposure Welfare of a Minor in Any felony or Misde or Sexual Miscond	3rd ct, Public e, n the meanor			
If Yes to any of the	e above please exp	lain:			
HEALTH					
, ,	physical limitations to not be able to pe				
Would you be willing to take a drug test?					
Would you take a physical exam, if required?					
Are you First Aid/0	CPR certified?				
EDUCATION					
Name of School	Dates Attended	Major		Degree Earned	Year Graduated
	Dates Attended	Major		Degree Earned	Year Graduated
	Dates Attended	Major		Degree Earned	Year Graduated
	Dates Attended	Major		Degree Earned	Year Graduated
	Dates Attended	Major		Degree Earned	Year Graduated
			ore space		
Name of School WORK HISTORY (Please attach a re		ore space		
Name of School WORK HISTORY (six (6) years)	Please attach a re	sume if m	ore space	ce is needed, mus	et include the last
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REFERENCES

NAME OF REFERENCE 1				
TELEPHONE NUMBER				
RELATIONSHIP				
NAME OF REFERENCE 2				
TELEPHONE NUMBER				
RELATIONSHIP				
NAME OF REFERENCE 3				
TELEPHONE NUMBER				
RELATIONSHIP				
CENTER SPECIFIC QUESTI	ONS			
Why do you want to work at	Jefferson's Early Learning Center?			
What experience do you have that makes you a fit to work with preschool aged children?				

AFFIDAVIT

I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render the application void, or if employed, would be cause for termination. I authorize the individuals or institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

Name	Date
Signature	