

EMPLOYMENT APPLICATION



**Ithaca Community
Childcare Center**

DIRECTIONS

- Please complete entire application even if resume is attached.
- Type or print using black ink.
- If you need additional space, use back of application or attach a supplemental sheet.
- Sign your completed application.

GENERAL INFORMATION

NAME (last) (first)	Social Security Number	DATE OF APPLICATION
PRESENT ADDRESS (street, city, state, zip code)	PHONE (daytime)	PHONE (evening)
Address where you may be contacted if different from present address	ALTERNATE PHONE #	
EMAIL ADDRESS		

Are you legally eligible to work in the United States? YES NO (Proof of citizenship or immigration status will be required upon employment)

Are you 18 years of age or older? YES NO If NO, can you supply working papers? YES NO

Have you ever been convicted of any criminal offense other than minor traffic violations? YES NO
*A criminal conviction will be considered only in relation to the job for which you are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into account. **Notwithstanding, no person may be a staff member of a daycare center who has been convicted of a crime against children.***

Do you have an indicated report of child abuse, maltreatment or neglect? YES NO

SOURCE OF REFERRAL:

Self	School	State Emp. Office	Community Agency	Recruited by IC3	Newspaper (specify)	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____

POSITION

TYPE OF POSITION DESIRED

Teacher	Classroom Assistant/ Aide	Administrator/ Supervisor	Office/Clerical	Support Services (food, cleaning, maintenance)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE SPECIFY: _____

DATE AVAILABLE	SALARY DESIRED \$	ARE YOU SEEKING: Full-Time Part-Time Temporary	SPECIFY DESIRED PERIOD OF WORK AND/OR HOURS PER DAY:
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Please describe your specific job interests which pertain to employment at Ithaca Community Childcare Center:

EMPLOYMENT RECORD (list most recent employment first) Please attach resume if available.

START DATE	END DATE	EMPLOYER NAME & ADDRESS	FINAL POSITION TITLE
START SALARY	END SALARY	LAST SUPERVISOR'S NAME	PHONE #
			INITIAL POSITION TITLE

POSITION DESCRIPTION	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
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EDUCATION AND TRAINING

COLLEGE, UNIVERSITY OR TECHNICAL SOCIAL	# OF YEARS ATTENDED	GRADUATED		TYPE OF DEGREE OR DIPLOMA	MAJOR AREA OF STUDY	NAME OF SCHOOL:
		YES <input type="checkbox"/>	NO <input type="checkbox"/>			CITY, STATE:

COLLEGE, UNIVERSITY OR TECHNICAL SOCIAL	# OF YEARS ATTENDED	GRADUATED		TYPE OF DEGREE OR DIPLOMA	MAJOR AREA OF STUDY	NAME OF SCHOOL:
		YES <input type="checkbox"/>	NO <input type="checkbox"/>			CITY, STATE:

HIGH SCHOOL	# OF YEARS ATTENDED	GRADUATED		TYPE OF DEGREE OR DIPLOMA	MAJOR AREA OF STUDY	NAME OF SCHOOL:
		YES <input type="checkbox"/>	NO <input type="checkbox"/>			CITY, STATE:

OTHER (e.g., business, etc.)	# OF YEARS ATTENDED	GRADUATED		TYPE OF DEGREE OR DIPLOMA	MAJOR AREA OF STUDY	NAME OF SCHOOL:
		YES <input type="checkbox"/>	NO <input type="checkbox"/>			CITY, STATE:

LIST OTHER SKILLS AND TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT ITHACA COMMUNITY CHILDCARE CENTER:

LIST ANY PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF ISSUANCE.

PROFESSIONAL REFERENCES

(List 3 persons, other than relatives or personal friends, who have knowledge of your work and/or education.)

	Reference 1	Reference 2	Reference 3
Name			
Phone			
Email Address			
Mailing Address			

STATEMENT

I hereby authorize investigation of all statements in this application including references. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form is cause for termination of employment without notice. I also agree, if employed, to abide by all regulations of Ithaca Community Childcare Center.

SIGNATURE: _____

DATE: _____

Name: _____

Today's Date: _____

What attracted you to our Center?

What age group(s) would you prefer to work with? (check all that apply)
(1= most preferred..... 4=least preferred)

- 1 2 3 4 Infants (8weeks -18 months)
1 2 3 4 Toddlers (18 months - 3 years)
1 2 3 4 Pre-K (3-5 years)
1 2 3 4 School Age (K-5)

What are your expectations/goals for this job?

Do you have any particular skills or talents that you'd like to utilize at IC3 (such as music, dance, arts, languages.....)? Please explain.

Have you worked with children before? { } YES { } NO

If YES:

Briefly describe your experience. (setting, situation, etc.)

What did you enjoy about this experience?

What did you find most difficult about this experience?

What age children have you worked with?

Is there anything else you would like to add?

What hours are you available? (IC3's hours of operation are 7:30 a.m. – 5:30 p.m.)

Mondays:

Tuesdays:

Wednesdays:

Thursdays:

Fridays:

Would you be willing to assist in the kitchen periodically?

YES

NO