



Crossroads Child Learning Center

Employment Application Equal Opportunity Employer

Application Date: _____

Applicant Information:

First Name	Middle Name	Last Name	Social Security Number
Address	City		State Zip
County	Home Phone	Cell Phone	Referred to CCLC By
Driver's License: State / Number	e-mail Address	Position Desired	Salary Requirement

Are you a minimum of 18 years of age, and if so, can you provide documentation for validation purposes? No Yes
 Are you a student at a college or trade school? No Yes • If so, are you pursuing courses in early childhood development? No Yes
 Have you previously applied for employment at CCLC or CC Church? No Yes If yes, what was the approximate date: _____
 Have you been convicted of a crime? No Yes, explain: _____
 Are you able to fulfill the requirements, including health certifications, required of the position in which you are applying with or without reasonable accommodation? No Yes Explain: _____

Days / Hours Available for Work: Effective date that I am available for employment: _____

Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours
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Special Skills, Interests or Training:

List any skills that may contribute to your success at this position, as well as any professional licenses or certifications: (examples, music, dance movement, arts & crafts, communication skills, exercise or sports skills, water safety certified, etc.)

Employment & Volunteer History:

Note: If Volunteer Work was performed, then please mark with an asterisk in the "Name of Employer" section below.

Dates: From / To	Name of Employer	Address of Company	Telephone Number
Check One (Below):	Position / Title Held	Name of Supervisor	Reason for Leaving
<input type="checkbox"/> Full Time Position <input type="checkbox"/> Part Time Position			

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Check One (Below):	Position / Title Held	Name of Supervisor	Reason for Leaving
<input type="checkbox"/> Full Time Position <input type="checkbox"/> Part Time Position			

Educational Background:

Note: List high school and any other educational programs in the spaces below.

Name of School	Year Graduated	Degree Received	Major & Minor Subjects

Childcare References:

Contact Name	Address	Phone Number(s)	Comment:
		(H) (B) (C)	

Contact Name	Address	Phone Number(s)	Comment:
		(H) (B) (C)	

Contact Name	Address	Phone Number(s)	Comment:
		(H) (B) (C)	

Maiden Name and / or Aliases:

1. Last Name, First Name, Middle Name: _____
2. Last Name, First Name, Middle Name: _____
3. Last Name, First Name, Middle Name: _____

I certify that the information provided on this form is accurate to the best of my knowledge and without omissions of information that could cause termination of employment. I authorize Crossroads Child Learning Center to investigate any or all information on this application. I further understand that if any misrepresentation has been made and the results of an inquiry into these misrepresentations are unsatisfactory, or if results of the Childhood Abuse or Criminal Background checks prove unsatisfactory, then Crossroads Child Learning Center reserves the right to withdraw any offer of employment and / or employment may be terminated immediately.

Applicant Signature: _____ Date: _____

For Crossroads Child Learning Center Use Below Only

Reviewer: _____ Date: _____

Documentation Provided:

- High School Diploma
 College Diploma
 School Course Curriculum
 (2) Reference Letters / Childcare
 Proof of Age
 Photo ID
 Driver's License
 Passport
 Other: _____
 Physical Exam - Health Assessment Form / TB Test
 Criminal Background Verification
 Child Abuse Verification
 FBI Verification

Comments: Hire Date: _____ Wage: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Why would you be a good hire for Crossroads Child Learning Center?

2. If a child is a consistent biter, what would you do in your classroom to prevent and future incident and protect the other children?

3. What actions would you take for parents who are unsupportive and uncooperative to suggestions?

4. How would you handle disagreements between you and management and co-workers?

5. What learning centers and equipment would be appropriate in the room for which you are applying?

6. What are your strengths?

7. What are your weaknesses?
