



## APPLICATION FOR EMPLOYMENT

Foundations Community Childcare, Inc. fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications without regard to sex, veteran status, disability, or any other basis prohibited by federal, state, or local law. In accordance with requirements of the Americans with Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and state employment laws and the information requested on this application will only be purposed consistent with those laws. Please answer all the questions. Failure to answer all questions may disqualify you from being considered for employment.

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

### General Inquiry

#### What position are you applying for?

- |   |   |
|---|---|
| <input type="checkbox"/> Executive Director       | <input type="checkbox"/> Assistant Director     |
| <input type="checkbox"/> Food Service Coordinator | <input type="checkbox"/> Food Service Assistant |
| <input type="checkbox"/> Maintenance Director     | <input type="checkbox"/> Lead Teacher           |
| <input type="checkbox"/> Assistant Teacher        | <input type="checkbox"/> Floater                |

#### How did you hear about Foundations Community Childcare, Inc.?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Current Employee              | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Employment Agency             | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Other (please specify): _____ |                                       |

#### Are you legally able to work in the United States? (If not, proof of eligibility will be required upon offer of employment.)

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

#### Are you over the age of 18? (If not, please state your age for child labor law purposes only.)

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No Age: _____ |
|------------------------------|--|

#### Do you have a valid driver's license?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

#### Do you have a CDL?

- |   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Yes Class: _____ | <input type="checkbox"/> No |
|---|-----------------------------|



**Days and hours available for an interview:**

- Monday Hours: \_\_\_\_\_
- Tuesday Hours: \_\_\_\_\_
- Wednesday Hours: \_\_\_\_\_
- Thursday Hours: \_\_\_\_\_
- Friday Hours: \_\_\_\_\_
- Saturday Hours: \_\_\_\_\_
- Sunday Hours: \_\_\_\_\_

**Education, Knowledge, Skills, Abilities and Qualifications**

Please list any education or training you feel relates to the position applied for that would help you perform the work such as schools, colleges, degrees, vocational or technical programs, and military training:

School or Facility Name	Degree, Certification, License or Training Received	Address/City/State

Please describe any additional specialized training, apprenticeships, licenses, certifications, skills, or experience (not previously listed) that you feel would help you in the position for which you've applied.

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### Work History

Start with your current or most recent employment and work back. Use a separate sheet of paper if necessary.

May we contact your current employer?  Yes  No  N/A

Job Title #1: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company: \_\_\_\_\_ Full Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties and Responsibilities:

Job Title #2: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company: \_\_\_\_\_ Full Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties and Responsibilities:

Job Title #3: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company: \_\_\_\_\_ Full Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties and Responsibilities:



Job Title #4: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company: \_\_\_\_\_ Full Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties and Responsibilities:

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I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The Employer may contact any of the references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date