



Employment Application:

Please print / answer all questions.

Date: _____ Full Name: _____

Address: _____ City: _____ State: _____ zip: _____

Cell Phone: _____ Alternate Number: _____ Email: _____

Birth Date: _____ Social Security Number: _____ Driver License #: _____

Position Applying For: _____ Age Group Preference: _____

Are you currently employed? Yes No When can you begin working? _____

Are you a U.S. Citizen Yes No If no, are you authorized to work in the U.S.? Yes No

Have you been convicted of a crime in the past 7 years? If yes, give details: _____

Have you ever worked for this company? Yes No Spouse/relative employed with the company? YES NO

Wage Desired \$ _____ Will you work overtime if requested? YES NO

Are you available to work Full Time Part-Time Temporary Seasonal

What hours and days of the week would you be able to work? _____

EDUCATION AND TRAINING

High School: _____ From: _____ To: _____ Graduate YES NO

College: _____ From: _____ To: _____ Graduate YES NO

TECE1 YES TECE 2: YES CDA: YES

EDUCATION CREDENTIALS: Infant/Toddler Preschool School age Administration
 Curriculum Coordinator (If yes you will be asked to show documentation of completion in certificate form)

EDUCATION TRAINING Do you have the following trainings up to Date?

First Aid Expires: _____ CPR Expires: _____ Medication

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special job-related skills and qualifications acquired from employment or other experiences.

REFERENCES: NOT REATED TO YOU:

Full Name: _____ Relationship: _____

Address: _____ Phone Number: _____

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Address: _____ Phone Number: _____

EMPLOYMENT: LIST PRESENT TO PAST

Employer: _____ Phone: _____

Address: _____ Start Date: _____ End Date: _____

Starting Hourly Wage: _____ End Hourly Wage: _____

Position and Duties: _____

Reason for Leaving: _____

Supervisor Name: _____ May we Contact: Yes No

Employer: _____ Phone: _____

Address: _____ Start Date: _____ End Date: _____

Starting Hourly Wage: _____ End Hourly Wage: _____

Position and Duties: _____

Reason for Leaving: _____

Supervisor Name: _____ May we Contact: Yes No

Employer: _____ Phone: _____

Address: _____ Start Date: _____ End Date: _____

Starting Hourly Wage: _____ End Hourly Wage: _____

Position and Duties: _____

Reason for Leaving: _____

Supervisor Name: _____ May we Contact: Yes No

APPLICANT QUESTIONS

Do you have a physical condition which might limit your ability to lift children or perform any function of the job you are applying for? Yes No

If Yes, Please Explain: _____

1. List your strengths as a teacher: _____
2. What are some areas in early childhood you feel you need improvement on?

3. Have you completed a lesson plan on your own before? Yes No
4. How would you describe your teaching style? _____
5. Describe your discipline policy: _____
6. Are you familiar with Delaware Stars procedures and requirements in the classroom? YES NO

(If yes please explain): _____

7. Describe how the company will benefit by having you as part of our team:

8. What will your goals for our children at the center be? _____
9. What are three indicators of excellence you would look for in an Early Childhood Program?

10. Children learn best when: _____
11. A child may be left alone: _____
12. A child is disruptive at Circle Time. The first time the caregiver would: _____

The second time the caregiver would: _____

The third time the caregiver would: _____

13. Describe your discipline philosophy: _____

AFFIDAVIT Please initial

An equal opportunity employer, dedicated to a policy of non-discrimination in employment basis, including race, creed, age, sex, religion, or national origin.

_____ The information I have provided on this application is true and complete to the best of my knowledge

_____ I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during my interview(s), can be justification of refusal of employment, or if employed, termination.

_____ The company may verify all information for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, and criminal record.

I declare each of the above answers given to be complete and true to the best of my knowledge and I am aware that any misrepresentation or omission may be cause for dismissal.

Signature of Applicant

Print Name

Date