



APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Providing care to children 6 weeks old - 4th grade.
 2 Locations in Albert Lea
 605 James Avenue - 801 Luther Place

Last Name	First Name	Middle	Social Security No.
Address (Street)	City	State	Zip Code
Telephone Number			

Permanent Address (If other than above)

Is there any name, other than the one stated above by which you can be identified by previous employers or educational institutions?

Position Applied For	Have you ever been employed at this institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when? From: _____ To: _____
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Who Referred You?	Names and Relationship of relatives employed at this institution.
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Date Available For Work	Full Time _____ Part Time _____ Substitute _____	If part time, what days?	Hourly Wage Expected
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Will you work on call, if necessary? Yes No

Will you work other shifts in emergencies? Yes No

EDUCATIONAL HISTORY

School	Name of School Location	Major Course	Years Completed or Degree Earned
High School			
College, Trade or Professional			

EDUCATIONAL HISTORY (cont.)

Other, Include Military			
Honors and Activities (High School)		(College)	
Degree Attained	Average Grades High School:	College GPA	
List Professional Registration or License Number, if applicable	Original _____ Current _____	Volunteer Experience:	
Workshops & professional conference attended:			
List professional and other organizations to which you belong, other than religious, social, or political, that you feel would be useful for us to know about in evaluating your possibilities for employment:			

EMPLOYMENT RECORD (List most recent position first, include military)

1.	Name of Employer	Address		Telephone Number
	Your Position	Last Supervisor	Starting Hourly Wage	Final Hourly Wage
Date of hire	Description of Work Performed:			

to				
_____	Reason for leaving:			
2.	Name of Employer	Address		Telephone Number
	Your Position	Last Supervisor	Starting Hourly Wage	Final Hourly Wage
Date of hire	Description of Work Performed:			

to				
_____	Reason for leaving:			

EMPLOYMENT RECORD (cont.)

3.

Date of hire

_____ to _____

Name of Employer	Address	Telephone Number	
Your Position	Last Supervisor	Starting Hourly Wage	Final Hourly Wage
Description of Work Performed:			
Reason for leaving:			

4.

Date of hire

_____ to _____

Name of Employer	Address	Telephone Number	
Your Position	Last Supervisor	Starting Hourly Wage	Final Hourly Wage
Description of Work Performed:			
Reason for leaving:			

Are you presently employed? _____ Yes _____ No

If yes, may we contact your present employer? _____ Yes _____ No

REFERENCES (Not former employees or relatives)

	Name	Address	Phone	Occupation
1.				
2.				
3.				
4.				

How many days have you missed from school or work in the last year? _____

I hereby authorize investigation of all statements contained in the application and I will hold no person liable for giving or receiving information in this investigation. I agree that if any misrepresentation has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by The Children's Center may be terminated immediately without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered if I have been employed.

I understand that any offer of employment made to me is conditioned upon taking and passing a physical examination. I further understand and agree that I will provide The Children's Center with any further medical history information or any other information The Children's Center deems necessary. I further understand that I may be the subject of an investigation report and that I hereby authorize The Children's Center to obtain from any local, state or federal law enforcement agency any information necessary to complete this investigation. I acknowledge that I have been informed of my right to request information obtained by The Children's Center regarding this investigation report, and The Children's Center will provide me with the name and address of the agency making the report. Any offer of employment made to me by The Children's Center may be terminated immediately by reason of my failure to provide the information requested or to cooperate in the gathering of that information or to submit to a physical examination as requested.

Additionally, I understand that nothing contained in the employment application or in the granting of an interview is intended to create any employment contract between The Children's Center and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is pending upon The Children's Center unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason and that The Children's Center retains a similar right regarding the discontinuation of my employment.

I hereby acknowledge that I have read and understand the above and hereby certify that the facts I have provided in my employment application are true and complete. Upon my termination, I authorize the release of reference information on my work record.

Date _____ Signature (do not print) _____

Interview Comments:

THE CHILDREN'S CENTER IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.

ATTITUDES ABOUT CHILDREN

(Sentence Completion)

1. I think children are generally _____.
2. When children are unhappy _____.
3. When children behave inappropriately it is probably because _____
_____.
4. It is important for teachers to _____.
5. When I see a child crying _____.
6. The thing that would make a preschooler most happy is _____
_____.
7. The background of a child _____
_____.
8. I get angry when children _____.
9. The thing that would make a baby most happy is _____
_____.
10. Active children are _____.
11. Children should not be _____.
12. The hardest thing about growing up was _____.
13. When children fight, I think _____.
14. I think the most important thing for a child to be is _____
_____.
15. When parents yell at children, I feel _____.
16. All children are _____.
17. I wish parents _____.
18. I like it when children _____.
19. I don't understand when children _____
_____.
20. I am most curious when I see children _____
_____.