

ROBYN'S NEST PRESCHOOL AND PLAYCARE CENTER JD WILLITS INCORPORATED APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws applicants are considered for positions without discrimination on the basis of race, religion, sex, national origin, citizenship, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

In order for you to be considered for employment, this application must be filled out completely. Please write N/A if information is not applicable. Resumes, though welcome, should not be submitted in place of the information requested below.

PLEASE PRINT

First Name	Middle Initial	Last Name	Social Security Number	DOB
Current Address:	Street/P.O. Box	Apt #	City	State
Day Phone #:	Evening Phone #	Alternate Contact Information: <input type="radio"/> Email <input type="radio"/> Other		
Position applying for:		Desired Rate of Pay:		Date available:
<input type="radio"/> Full Time hours per week: <input type="radio"/> Part Time hours per week:		\$ _____/Hour \$ _____/Month		

If you are applying for a driving position, proof of driving record will be required upon hire. Please indicate any traffic violations or accidents that may be on your driving record:

In the table below, please indicate the days you are available to work. Please list the earliest and latest time you are available for each day. Please account for travel time to and from other obligations (classes, childcare, meetings, ect.) Being ten minutes early for your shift is mandatory.

Availability:	MON	TUE	WED	THUR	FRI
Earliest Time In					
Latest Time Out					

Please answer the following questions to the best of your knowledge:

1. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to work in the United States?	<input type="radio"/> Yes <input type="radio"/> No
2. If hired, can you submit proof of legal age to work in this state?	<input type="radio"/> Yes <input type="radio"/> No
3. Do you have reliable means of transportation to and from work?	<input type="radio"/> Yes <input type="radio"/> No
4. We may conduct training on days outside of your reported availability. Is your schedule flexible so you may attend training?	<input type="radio"/> Yes <input type="radio"/> No
5. Are you currently or do you plan to be taking any courses at any time while working here?	<input type="radio"/> Yes <input type="radio"/> No
6. If you have children, do you have alternate child care in the event that your child is ill? <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No
If hired, do you need Robyn's Nest to provide child care for your children?	<input type="radio"/> Yes <input type="radio"/> No
7. Do you agree to keep information confidential and not disclose any of the company's and/or any third parties (e.g. child and parent clientele, other staff members, etc.) confidential information?	<input type="radio"/> Yes <input type="radio"/> No
8. Have you read a job description for the position of interest? Do you understand the job requirements?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
9. Can you perform the essential functions required by the job which you are applying for?	<input type="radio"/> Yes <input type="radio"/> No
10. Do you have any other obligations or commitments that may affect your schedule (such as travel plans)?	<input type="radio"/> Yes <input type="radio"/> No
11. How many jobs have you held in the past 2 years?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more
12. Have you ever been terminated from a job?	<input type="radio"/> Yes <input type="radio"/> No

13. Please rate yourself on the following: (1=low 10=high)

Attendance:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Patience:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Organizational Skills:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Cleanliness :	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Positive Attitude:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Ability to work well with others:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Leadership Abilities:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

Education	School Name	Dates Attended	Last Year Completed	Major/Specialty	Degree Received
High School		Please leave blank	Grade 9 10 11 12	N/A	Diploma: Yes No If No: GED Yes No
College		From: ___/___ Month Year To: ___/___ Month Year			

Required Qualifications

Infant/Child CPR	<input type="radio"/> Yes <input type="radio"/> No	Date Expires:
First Aid	<input type="radio"/> Yes <input type="radio"/> No	Date Expires:
Blood Borne Pathogen (BBP)	<input type="radio"/> Yes <input type="radio"/> No	Date Taken:
Tuberculosis (TB) Negative Test Results	<input type="radio"/> Yes <input type="radio"/> No	Date Taken:
Merit Profile	<input type="radio"/> Yes <input type="radio"/> No	
Cleared Portable Background Check (PBC)	<input type="radio"/> Yes <input type="radio"/> No	
30 hour Stars Training	<input type="radio"/> Yes <input type="radio"/> No	Date Taken:
10 Hour Continuing Education courses	<input type="radio"/> Yes <input type="radio"/> No	
Proof of MMR	<input type="radio"/> Yes <input type="radio"/> No	
ECED Stackable Certificates: <input type="radio"/> Initial certificate (12 credits) <input type="radio"/> Short 20 credits <input type="radio"/> State 47 Credits <input type="radio"/> AAS (ECE)		

Professional References

Name	Title	Company	Phone Number

Personal References

Name	Relationship	Years Known	Phone Number

Work History			
Company Name		Telephone Number	Date started:
Address	City	State	Zip Code
Date Ended:			
Job Duties			Starting Hourly Wage: \$
			Ending Hourly Wage: \$
Reason For Leaving: <input type="radio"/> Quit <input type="radio"/> Terminated <input type="radio"/> Laid Off Brief Description:			Average Hours per Week
May we contact employer prior to any offer of employment? <input type="radio"/> Yes <input type="radio"/> No			Name Of Supervisor:
Company Name		Telephone Number	Date started:
Address	City	State	Zip Code
Date Ended:			
Job Duties			Starting Hourly Wage: \$
			Ending Hourly Wage: \$
Reason For Leaving: <input type="radio"/> Quit <input type="radio"/> Terminated <input type="radio"/> Laid Off Brief Description:			Average Hours per Week
May we contact employer prior to any offer of employment? <input type="radio"/> Yes <input type="radio"/> No			Name Of Supervisor:
Company Name		Telephone Number	Date started:
Address	City	State	Zip Code
Date Ended:			
Job Duties			Starting Hourly Wage: \$
			Ending Hourly Wage: \$
Reason For Leaving: <input type="radio"/> Quit <input type="radio"/> Terminated <input type="radio"/> Laid Off Brief Description:			Average Hours per Week
May we contact employer prior to any offer of employment? <input type="radio"/> Yes <input type="radio"/> No			Name Of Supervisor:

Please read the following carefully and sign below:

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information provided in this application is correct and that any false statements or omissions will justify my rejection for or dismissal from employment. I authorize the Company to conduct any necessary investigation regarding my background (including inquiries of me, prior or current employers, schools and other persons, institutions, or businesses and checking motor vehicle records, court records, and criminal records) as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in the connection with provision and use of such information. I will agree to a drug test. The results of any drug tests may, consistent with applicable law, be used to make employment decisions, including decisions relating to hiring and continuing employment.

I understand and agree that this application for employment does not create a contract for employment or a guarantee of employment.

I understand and agree that if I am hired, my employment is "AT WILL" which means that my employment is for no definite period of time. The Company or I may terminate the employment relationship with or without cause at any time, with or without any advance notice. I understand that only the Owner may change the "AT WILL" status of any applicant or employee and may only do so in writing.

I understand that any policies or procedures implemented by the Company in the event of my employment do not alter my "AT WILL" employment status. I understand that the Company, in its sole discretion, may at any time change its personnel policies and may also change my job description, responsibilities, wages, and benefits.

I HEREBY ACKNOWLEDGE AND UNDERSTAND THE NOTICE DESCRIBED ABOVE AND THAT IF I AM HIRED I WILL BE AN AT-WILL EMPLOYEE.

SIGNATURE: _____

TODAY'S DATE: _____