

**Adlerian Child Care Centers, Inc.  
EMPLOYMENT APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ S.S. # \_\_\_\_\_

Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Position applied for \_\_\_\_\_ Date available to start work \_\_\_\_\_

Check any of the following you are interested in: \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_ Substituting

If you are interested in part-time employment what hours are you available? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School Name \_\_\_\_\_ Year Graduated \_\_\_\_\_  
and location \_\_\_\_\_

College Name \_\_\_\_\_  
and location \_\_\_\_\_

Degree earned \_\_\_\_\_  
and year graduated \_\_\_\_\_ Major \_\_\_\_\_

If no degree was earned, how many semester hours were completed? \_\_\_\_\_

Graduate School Name & Location \_\_\_\_\_

Degree earned \_\_\_\_\_  
and year graduated \_\_\_\_\_ Major \_\_\_\_\_

If no degree was earned, how many semester hours were completed? \_\_\_\_\_

Are you certified in Standard First Aid? \_\_\_\_\_ If so, please give expiration date on card. \_\_\_\_\_

Are you certified in CPR? \_\_\_\_\_ If so, please give expiration date on card. \_\_\_\_\_

Are you a certified teacher? \_\_\_\_\_ If so, please give certificate number. \_\_\_\_\_

Please list your prior work experience with children.

1. Business Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Position held \_\_\_\_\_ Dates of employment \_\_\_\_\_

Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Business Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Position held \_\_\_\_\_ Dates of employment \_\_\_\_\_

Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Business Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Position held \_\_\_\_\_ Dates of employment \_\_\_\_\_

Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please list 3 references. No relatives please.

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

S.C. Department of Social Services requires all staff working in licensed child care centers to provide the following documentation: Highest educational diploma attained, a health assessment from a health care provider assessing the ability of the staff member to work with children, a negative TB skin test result, and an FBI/SLED check and a check of the Central Registry of Abuse and Neglect verifying the individual has not been convicted of any crimes that would preclude employment in a licensed child care center.

How would you describe your health? \_\_\_\_\_

Have you ever been convicted of a crime or felony? \_\_\_\_\_

I verify that all of the above information I have supplied is true. I authorize Adlerian Child Care to inquire as to my record of any or all persons and of my former employers. In the event of my employment with Adlerian Child Care, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two weeks prior to the date effective. It is my understanding that the first 90 working days of my employment are probationary, and if my services have not proved satisfactory, my employment may be terminated without prejudice.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_