

**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 _____