



OFFICE INFORMATION:  
 Start Date: \_\_\_\_\_  
 Pay Rate: \_\_\_\_\_  
 Site: \_\_\_\_\_

Which center are you applying to:  
 Greece  
 Henrietta  
 Webster  
 Any center

**APPLICATION FOR EMPLOYMENT**

**APPLICANT NAME:** \_\_\_\_\_  
 Last First Middle

**PRESENT ADDRESS:** \_\_\_\_\_  
 Street City State Zip

**PHONE:** \_\_\_\_\_  
 Home Mobile

**Do you have a driver's license?** Yes  No  **DRIVER'S LICENSE #** \_\_\_\_\_

**Have you reached your 18th birthday?** Yes  No

**POSITION DESIRED:** \_\_\_\_\_ **Date Available:** \_\_\_\_\_ **Salary/Hourly Wages Desired** \_\_\_\_\_

**Are you legally authorized to work in the country to which you are applying?** (Candidates for employment in the United States in compliance with federal law, will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire) Yes  No

EDUCATION:	High School	Bus. Or Voc School	College/University	Graduate School
School Name				
City, State				
Years Completed (Check One)	9 10 11 12		1 2 3 4 5	1 2 3
Major Courses of Study				
Diploma/Degree Earned	Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>			

**EMPLOYMENT HISTORY** (start with current or most recent employer):

<b>Employer's Name and Address:</b>     <b>Phone No:</b> _____ <b>May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Dates Employed</b>		<b>Position Held and Duties:</b>
	From:	To:	
	<b>Compensation</b>		<b>Name and Title of Supervisor:</b>
	Starting:	Final:	<b>Reason for Leaving:</b>
<b>Employer's Name and Address:</b>     <b>Phone No:</b> _____ <b>May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Dates Employed</b>		<b>Position Held and Duties:</b>
	From:	To:	
	<b>Compensation</b>		<b>Name and Title of Supervisor:</b>
	Starting:	Final:	<b>Reason for Leaving:</b>
<b>Employer's Name and Address:</b>     <b>Phone No:</b> _____ <b>May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Dates Employed</b>		<b>Position Held and Duties:</b>
	From:	To:	
	<b>Compensation</b>		<b>Name and Title of Supervisor:</b>
	Starting:	Final:	<b>Reason for Leaving:</b>

Describe any Field Work or Student Intern Assignments; provide dates and supervisor's names: \_\_\_\_\_

Summarize certification acquired from employment or education: \_\_\_\_\_

Do you hold professional licensure/registry/certification? Yes  No

If yes, please provide particulars \_\_\_\_\_

List all methods, techniques, equipment and computer software applications with which you are proficient and which are relevant to the job for which you have applied \_\_\_\_\_

Describe present and past memberships in professional organizations, including offices held (you may exclude any memberships which suggest or disclose your race, color, national origin, religion, disability or any other protected status): \_\_\_\_\_

REFERENCE -Please provide names of three persons unrelated to you who can vouch for the quality of your work and/or character

	<u>NAME (No family members)</u>	<u>MOBILE/HOME PHONE #</u>	<u>RELATIONSHIP</u>	<u>YEARS KNOWN</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
Name Address Phone

How did you learn about this employment opportunity? \_\_\_\_\_

Were you referred to Expressive Beginnings Child Care by a current employee or Heritage Christian Services employee?.....Yes  No

If yes please provide the employees name: \_\_\_\_\_

Please identify any relatives or friends currently employed at Expressive Beginnings Child Care or Heritage Christian Services, indicating job title and place of employment.

\_\_\_\_\_

Working in our programs often involves lifting of children. Are you able to perform this task? ..... Yes  .....No

Have you ever been convicted of a misdemeanor or felony in any jurisdiction? ..... Yes  .....No

Are there any pending criminal charges against you? ..... Yes  .....No

Are you currently on probation? ..... Yes  .....No

Charge Type: (Felony/Misdemeanor)	Dates	Location (City, State, Country)	Violation(s) and outcome

Have you ever interviewed or worked for Heritage Christian Services or Expressive Beginnings Child Care in the past?..... Yes  No   
If yes, please provide date(s).

\_\_\_\_\_

Describe any related experience which you feel may be relevant to this application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge and I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts asked for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages/salary, be terminated at any time.

I understand any employment offer that may be extended to me by Expressive Beginnings Child Care is contingent upon my ability to satisfy the physical and mental requirements for the position offered, which may require me to submit a drug/alcohol screening test and physical examination.

I understand that my employment with Expressive Beginnings Child Care is contingent upon favorable references as interpreted by Expressive Beginnings Child Care. Also, I authorize references listed or previous employers to give any pertinent information concerning my previous employment and release all parties of liability.

We are an Equal Opportunity Employer

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Signature

Date