



EMPLOYMENT APPLICATION PACKET

CDC IS AN EQUAL OPPORTUNITY EMPLOYER

THANK YOU!

Thank you for your interest in becoming an employee of the Child Development Center (CDC). The CDC exists to provide premier, family-focused, developmentally appropriate services for children birth through age five. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors. **Employees must be 18 years of age or older.**

WHAT YOU'LL NEED

The Child Development Center requires each applicant to submit the following items along with a completed application:



1. **Cover letter**

2. **Resume**

3. **Completed CDC application**

4. **Three SIGNED letters of reference** (*Preferably submitted with the application but acceptable before the date of interview. Three positive references must be in your file prior to the first day of employment.*)

5. **Transcripts/Diploma** (*If you are unable to attain transcripts or diploma before turning in the application, please show proof of request. Please understand that this is a condition of employment.*)

6. **Job description signed and returned** (*Please visit the CDC website at cdccasper.org to obtain a copy.*)

APPLICATION

Position(s) for which you are applying: _____

How did you hear about this position? _____

Last name: _____ First: _____ Middle: _____

Street address: _____

City, State, Zip: _____

Mailing address (if different from above): _____

Home phone: _____ Cell phone: _____

Email address: _____ Social Security #: _____

When will you be available to begin work? _____

Are you legally eligible for employment in the United States? Yes No

Are you bilingual? Yes No

If yes, in what language(s) are you fluent? _____

Are you available to work: Full time Part time

APPLICATION (CONT'D)

Are you willing to use your car for job related travel, with the understanding that you would receive mileage reimbursement? Yes No

Are you willing to attend out-of-town workshops for continuing education? Yes No

Do you currently have relatives working for the Child Development Center? Yes No

If yes, who? _____

Have you ever been terminated or asked to resign from a job? Yes No

If yes, please explain: _____

Are you able to perform the essential functions of the position, as defined in the job description, without presenting a danger to yourself or others, with or without reasonable accommodations? Yes No

Do you have any pending or prior criminal arrests and charges related to child sexual abuse?* Yes* No

Do you have any convictions related to other forms of child abuse and/or neglect?* Yes* No

Have you ever been convicted of any law violation? Include any pleas of "guilt" or "no contest." Exclude minor traffic violations. Yes* No

* Answering "Yes" to these questions disqualifies you from employment.

REFERENCES

List below the names and addresses of person qualified to answer questions concerning your work abilities. These references may be the same as the letters you provide. (DO NOT INCLUDE FAMILY MEMBERS)

1. Name: _____ Phone: _____

Address: _____ Occupation: _____

2. Name: _____ Phone: _____

Address: _____ Occupation: _____

3. Name: _____ Phone: _____

Address: _____ Occupation: _____

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

Company name: _____ Phone: _____

Address: _____

Employed (MM/YY): from _____ to _____

Name of supervisor: _____

Starting wage: _____ End wage: _____ (circle one) HOUR WEEK MONTH ANNUAL

Your job title and responsibilities: _____

Reason for leaving: _____

Company name: _____ Phone: _____

Address: _____

Employed (MM/YY): from _____ to _____

Name of supervisor: _____

Starting wage: _____ End wage: _____ (circle one) HOUR WEEK MONTH ANNUAL

Your job title and responsibilities: _____

Reason for leaving: _____

Company name: _____ Phone: _____

Address: _____

Employed (MM/YY): from _____ to _____

Name of supervisor: _____

Starting wage: _____ End wage: _____ (circle one) HOUR WEEK MONTH ANNUAL

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Name of supervisor: _____

Starting wage: _____ End wage: _____ (circle one) HOUR WEEK MONTH ANNUAL

Your job title and responsibilities: _____

Reason for leaving: _____

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

SKILLS

Please list any applicable specialized skills, equipment knowledge, language and experience, especially as relates to the job for which you are applying. (Example: ability to speak Spanish, experience working with young children, calculator, copier, multi-line phone system, etc.) _____

EDUCATION

High School

Name of school: _____ Location: _____
Years completed: _____ Diploma or GED: _____

Vocational School

Name of school: _____ Location: _____
Course of study: _____ Years completed: _____
Did you graduate or receive a certificate? Yes No
Degree or certificate: _____

Junior College

Name of school: _____ Location: _____
Course of study: _____ Years completed: _____
Did you graduate or receive a certificate? Yes No
Degree: _____ Certificate: _____

Undergraduate College

Name of school: _____ Location: _____
Course of study: _____ Years completed: _____
Did you graduate? Yes No Degree: _____

Graduate School

Name of school: _____ Location: _____
Course of study: _____ Years completed: _____
Did you graduate? Yes No Degree: _____

Military Service

Branch: _____ Dates: from _____ to _____
Rank at discharge: _____ Type of discharge: _____
If other than honorable, please explain: _____

CONDITIONS OF EMPLOYMENT

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

If you are offered a position with the Child Development Center (CDC), you hereby acknowledge with submission of your application, your understanding that employment is conditional upon successful completion of the following pre-employment requirements:

1. Prior to the first day of employment, complete the required drug and alcohol screening with results showing negative for the presence of illegal drugs or alcohol in your system;
2. Prior to the first day of employment, successfully complete background check showing that you are not listed on the DFS Abuse/ Neglect Central Registry.
3. Prior to the first day of employment, submit (fingerprint) documentation to CDC for the required FBI/DCI background checks, results must show that you are cleared for employment;
4. Prior to the first day of employment, a credit check may be required for specific job positions that involve money and budgetary responsibilities;
5. Successfully complete infant/child (CPR) training and first aid training within three months of hire.

Failure to meet any of the above noted requirements will negate the offer of employment.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

This application for employment will remain active for a limited time. Ask the organization's representative for details.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Applicant Signature

Date