

APPLICATION FOR EMPLOYMENT

<u>PLEASE TYPE OR PRINT</u>. Complete the entire application. You may attach a resume, but you must still complete all questions. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Child Time, Inc. is an Equal Opportunity Employer; all offers are made based on qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

DESIRED LOCATION:							
☐ THE AVENUES PRESCHOOL: 410 TH	HIRD AVE. SLC 841	L03					
☐ THE SECOND AVENUES PRESCHOO	L: 91 "R" ST. SLC 8	34103					
☐ THE EASTSIDE PRESCHOOL: 1650 E	. 3300 S. SLC 841	06					
☐ THE COTTONWOOD PRESCHOOL 2890 COTTONWOOD PARKWAY SLC 84121							
□ ANY							
SHIRT SIZE: FOR SCHOOL SHIRTS: S(4-6) M(8-10) L(12-14) XL(16-18) XXL(20-22) 3X(24-26) OTHER							
APPLICANT INFORMATION							
Last Name		First			M.I.	DOB	
Address				Apartment/Unit #			
City	State			ZIP			
Phone			Cellular Phone				
Date Available S:	ate Available SSN		Email Address				
Position/ Age Group desired:							
Pay Scale: per hour Desired Schedule: Full Time Part Time (AM PM Either)							
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO				e U.S.? YES NO			
Have you ever failed to clear a Background Screening in order to work If s			If so, when?	If so, when?			
in Child care? YES NO							
Have you ever been convicted of a felony? YES NO			If yes, explain:				
If hired, are you able to commit to the position and schedule for a minimum of one calendar year? Yes No If no, please list dates of availability:							
EDUCATION CONTRACTOR C							
Have you completed High School? YES NO Do you have a Food Handlers Permit? YES NO							
Have you taken CPR Training? YES NO If yes, please list the expiration date:							
Are you certified in Pediatric First Aid? YES NO If yes, please list the expiration date:							
College or University:			State:	Course of Stud	Course of Study:		

Did you graduate?	YES	NO	Degree:	ee: If degree was not com			s not com	pleted, number of ECE credits earned:		
College or University	College or University:			State	··	Course of Study:				
Did you graduate?	YES	NO	O Degree:		If d	degree was not completed, number of ECE credits earned:				
Other Credentials or	Certificat	ions:								
Please List Workshops and Trainings that you have attended for which you have certificates:										
Class Name:	Tra	Fraining Organization: Credit Hours:		Clas	Class Name:		Training Organization:	Credit Hours:		
REFERENCES										
Please list three professional references.										
Full Name				Position						
Company					Phone					
Length of relationship:						Other Number				
Full Name						Position				
Company						Phone				
Length of relationship:						Other Number				
Full Name						Position				
Company						Phone				
Length of relationship:					Other Number					
EMPLOYMENT HISTORY										
Related Work Experience, please begin with the most recent.										
Company				Supervisor:				Phone:		
Hours worked:			Startin	tarting Wage \$		per ho	our	Ending Wage: \$	per hour	
Position:			Age gr	Age group worked with:				Group ratio: :		
Responsibilities										
Reason for Leaving:										
Company Supervisor: Phone:										
Hours worked:			Startin	ng Wage \$		per hour		Ending Wage: \$ per hour		
Position:			Age gro	group worked with:				Group ratio: :		
Responsibilities	Responsibilities									
Reason for Leaving:										
Company Supervisor:							Phone:			

Hours worked:	Starting Wage \$ per hour	Ending	Wage: \$	per hour			
Position:	Age group worked with:	Group r	ratio: :				
Responsibilities							
Reason for Leaving:							
PROFESSIONALISM							
Will you be diligent in acquiring state required training in child development through attending seminars, conferences or training programs							
available in the community outside of the workplace? YES NO							
Are you willing to volunteer in the classroom for 1 hour to audition for the available position? YES NO							
Are you licensed to drive a motor vehicle in the state of Utah? YES NO							
Do you have reliable transportation to and fro	m the center? YES NO						
Can you anticipate arriving promptly (as early as 7:00 AM) despite severe weather conditions? YES NO							
Can you lift and carry up to 50 lbs? YES	NO		Would you be inte	rested in			
carry of incarry up to 30 ibs.	110		Substitute work?	YES NO			
How many unscheduled days off did you take	during the last year – this does not include sche	duled vac	ation time?				
Do you smoke? YES NO If yes, can you refrain from doing so the entire duration of your shift? (This includes breaks and lunch hour,							
due to caring for children with allergies and as	thma.) YES NO						
What age group do you prefer to work with?							
Is there an age group that you would not like	to work with?						
ESSAY QUESTION							
1. Describe your ideal job?							
2. What are your best teaching qualities?							
3. What is your personal philosophy about Early Childhood Education?							
4. What is your personal philosophy about behavior and discipline? What techniques do you use?							
5. In your opinion, what makes a high quality e	arly childhood program?						
	-						

6. What do you find most challenging about working with children?						
7. What would your former employer say about your job performance?						
DISCLAIMER AND SIGNATURE						
	background chack of any staff me	ombor it amploys to assure the safety				
Child Time, Inc. is required by law to conduct a complete and thorough background check of any staff member it employs to assure the safety of the children in our care. This is administered by the State of Utah and the Federal Government.						
or the children in our care. This is administrated by the state of otali and the Federal Government.						
I understand that investigation into my character and reputation will be						
employers, organizations and references to supply relevant information						
determining my possible employment. By signing below, I release the processing my application for employment.	reviously mentioned entitles from	all liability in responding to inquiries				
concerning my application for employment.						
I understand that I will be required to provide documentation for all ce	rtificates, transcripts, diplomas or	degrees listed on my application.				
If employment is offered, I understand that I will be required to obtain	an annual TB test, Food Handlers	s Permit, CPR and First Aid				
certifications to continue employment.						
I understand that the first 3 months of employment are probationary and that if my services have not proved satisfactory, my employment may be terminated at any time.						
By signing below, I am stating that I understand all of the questions an	d statements made in this applica	ation. If offered a position Lagree to				
follow the policies and procedures outlined in the Child Time Inc. Staff						
Signature		Date				
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my						
release.						
Signature		Date				
FOR OFFICE USE ONLY						
Date of Interview	Date of audition					
Interviewed by	Observed by					
Results						
If applicable, Date of Hire	Date of Orientation					
Date BCI was mailed	First day of unsupervised emplo	yment				