



Little Scholars Child Development Center, Inc.

“Where early development is fundamental to the growth of your child.”

Employment Application

Full Name:	DOB:	Phone
Current Address:	City	State Zip
Social Security #:	Driver's License No:	Email:

Thank you for choosing Little Scholars CDC, Inc. in your career path. We are dedicated to hiring professionals who are energetic, motivated, and possess integrity. Little Scholars CDC, Inc. is an Equal Opportunity Employer. Applicants must show they understand and are able to meet the following requirements for employment by *initialing each item below.*

- ___ High School Graduate or G.E.D recipient
- ___ **Will** **Have** completed the required 45 hour DCF training including Emergent Literacy
- ___ United States Citizen, or legally authorized to work in the United States
- ___ Will provide Social Security Card or Birth Certificate
- ___ Will submit to drug and alcohol testing as required
- ___ Will complete an FBI criminal background check
- ___ Will complete a Child Maltreatment Central Registry check
- ___ Physically able to safely supervise young children and perform necessary job functions
- ___ Will maintain professional appearance and conduct at all times

GENERAL INFORMATION

Employment Desired: Full-time only Part time only Full or Part time On Call

Position Desired: Cook Administration Teacher (Circle: Infant, Toddler, Preschool, School Age)
 Teacher Aide (Circle: Infant, Toddler, Preschool, School Age) Early Head Start Teacher Head Start Teacher

Hourly Rate Desired: _____ Are you seeking temporary or permanent work? _____

Hours Available: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

3 PERSONAL REFERENCES (do not list family or previous employers)

Name	Address	Phone Number	Relationship (ie. Coworker, friend)

EDUCATIONAL EXPERIENCE

High School Diploma or GED (Copy Required) _____

College/Degree or number of years completed/Major (Copy Required) _____

List courses completed or relevant childcare training (CPR, First Aid, FCCPC, CDA etc.): _____

List other skills, vocational, and technical training: _____

EMPLOYMENT HISTORY

(begin with most recent)

Begin/End Date	Begin/End Salary	Employer/Address	Supervisor's Name & Phone:	Your title and duties	Reason for leaving

OFFENSES – Criminal background checks will be conducted on all applicants.

Have you ever pled guilty, no contest or been convicted of any criminal offense? If yes, explain: _____

Has a report of child maltreatment ever been made against you? If yes, explain: _____

Has a court ever denied parental, custodial, or visitation rights as a result of neglect or abuse of a child? If yes, explain: _____

While employed in a childcare program, have you ever been the subject of disciplinary action or been responsible for a child care facility receiving an administrative or disciplinary action? If yes, explain: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What are your career goals and objectives?

2. Why should Little Scholars CDC, Inc. hire you?

3. Define PROFESSIONAL CONDUCT. How does it apply to a child care program?

4. Define CUSTOMER SERVICE and how it relates to a child care program?

5. Describe your position on guidance as it relates to 2-year-old children arguing over a toy.

6. Do you have any medical conditions that would affect your work performance? _____

7. Have you been out of the country in the last 30 days? NO YES or been diagnosed or in contact with someone who has/had COVID-19? NO YES Explain:

An application form sometimes makes it difficult to adequately summarize a complete background. Use the backpage to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

I hereby certify that all information contained in this application is true and correct. I understand that any misrepresentation, falsification, or consequential omission of information may render this application void, or if employed may result in immediate termination. I further consent and agree to submit to any job related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests. I authorize the individuals and institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

Signature of Applicant

Date

Office Use Only:

Date Submitted:	Time:	Position:
Director Proceed + or - Interview:	Date Hired:	