

THE CHAPPELL CHILD DEVELOPMENT CENTERS

APPLICATION FOR EMPLOYMENT

Last Name First M.I. S.S.#

Present Address Zip Code

How long at present address? Telephone Date of Birth

Previous Address Zip Code

Position(s) applied for Full Time Part Time

Have you worked for us before? If yes, When? E-mail address

What hours can you work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

List any relatives/friends working for Chappell

Do you have your own transportation?

Indicate any special qualifications or skills

Children: Name Age

Name Age

Name Age

Have you been convicted of a crime (including sex-related or child abuse, misdemeanors & traffic offenses (for drivers))?

What physical handicaps do you have which might prevent you from doing certain types of work?

What illnesses have you had in the past five (5) years? Please explain.

EMPLOYMENT HISTORY

Note: List EVERY job held during the past two years.

Business/School	Telephone ()		
Address			
Employed (Month and Year)	From	To	Name of Supervisor
May we contact them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Job Title
Job Description			
Reason for leaving			

Business/School	Telephone ()		
Address			
Employed (Month and Year)	From	To	Name of Supervisor
May we contact them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Job Title
Describe your work			
Reason for leaving			

Business/School	Telephone ()		
Address			
Employed (Month and Year)	From	To	Name of Supervisor
May we contact them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Job Title
Describe your work			
Reason for leaving			

Have you ever had a child care license with the Department of Children and Families or been registered to provide child care in home? Circle: Yes / No

While employed in a child care program, have you ever been the subject of disciplinary action, or been the party responsible for child care facility receiving an administrative fine or other disciplinary action? Circle: Yes / No

If yes, please explain:

EDUCATION

School	Name and Location of School	Course of Study	No. of years completed	Graduate?	Degree
High School	_____	_____	_____	Yes <input type="checkbox"/>	_____
				No <input type="checkbox"/>	
College	_____	_____	_____	Yes <input type="checkbox"/>	_____
				No <input type="checkbox"/>	
Other	_____	_____	_____	Yes <input type="checkbox"/>	_____
				No <input type="checkbox"/>	

(Teacher applicants only)

Do you have a Florida Certificate? _____ Type _____

Subject Areas: _____

Major _____

Minor _____

Affiliated Fields _____

College Honors, Activities, Organizations, Professional Activities, Civic Activities, Publications, Etc. _____

Significant Work Experience _____

Duties Performed _____

Subjects-Grades Taught _____

What is your philosophy of teaching? _____

Name of person to contact in case of emergency : _____

Relationship _____ Home Number _____

Work Number _____ Cell Number _____

Personal References

(Please list persons unrelated to you)

1. _____ Telephone () _____
Address _____
2. _____ Telephone () _____
Address _____
3. _____ Telephone () _____
Address _____

Please read the following carefully before signing.

I declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement or omission of fact on this application, regardless of when Chappell makes such a realization, may result in immediate termination of employment. I authorize the references listed above to give you any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability from any damage that may result from furnishing the same to you. I acknowledge that employment may be conditional upon successful completion of a Substance Abuse screening test as a part of Chappell's pre-employment policy. I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason and Chappell retains the same rights. No Chappell representative has the authority to make any contrary agreement. I acknowledge that termination may result after three (3) warnings by a director, supervisor, or anyone in a managerial position.

Signature _____ Date _____

Employer Use Only

Summary of Interview:	
Reference Check:	
Person Contacted:	Results:
Person Contacted:	Results:
Acceptable for Hire:	Position
Yes <input type="checkbox"/>	Payrate
No <input type="checkbox"/>	