

Employment Application

Date _____

Please print or type all information:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ CELL # _____

TO WHAT ORGANIZATIONS DO YOU BELONG: EDUCATIONAL AND PROFESSIONAL _____

YOUR HOBBIES AND RECREATION _____

WHAT PROMPTED YOUR APPLICATION? ADVERTISEMENT _____ REFERRED BY _____

EMPLOYEE REFERRAL _____ OTHER _____

POSITION APPLIED FOR _____ FULL TIME _____ PART TIME _____

WHEN COULD YOU REPORT FOR WORK? _____ MINIMUM SALARY ACCEPTABLE _____

APPLICANT, ARE YOU AVAILABLE FOR SUBSTITUTE WORK? _____

AGE GROUP PREFERRED: INFANTS TODDLERS PRESCHOOL

EDUCATIONAL BACKGROUND

High School: Name _____ Date of Graduation _____

Location (City & State) _____

College: Name _____ Date of Graduation _____

Location (City & State) _____

Years Completed _____ Major _____

Degree Awarded _____ Teaching Certificate _____

If no degree, # of credits in ECE _____

Did you complete a student teaching practicum or internship? Yes No

In what setting (Child Care, Hospital, Preschool, Elementary School, etc.) _____

Age of Children _____

Cont.>

Gertrude B. Nielsen
Child Care and Learning Center

3835 Willow Road
Northbrook, IL 60062-6208

Tel: 847.564.3004

Fax: 847.564.8288

Email: info@gbnchildcare.com

Web: www.gbnchildcare.com

Employment Application

Are you currently enrolled in school? Yes No Where _____

in ECE or other? What major _____

Other special training courses, diplomas or certification (such as CDA, Health and Sanitation, First Aid, CPR) _____

INDICATE LAST 3 EMPLOYERS

1. Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Dates of Employment _____ Salary _____
Position _____ Age Group of Children _____
Supervisor's name to contact for reference _____
Reason for leaving _____

2. Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Dates of Employment _____ Salary _____
Position _____ Age Group of Children _____
Supervisor's name to contact for reference _____
Reason for leaving _____

3. Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Dates of Employment _____ Salary _____
Position _____ Age Group of Children _____
Supervisor's name to contact for reference _____
Reason for leaving _____

Other experience related to children (volunteer, etc) _____

Special talents _____

Do you speak any foreign languages? _____

Do you play any musical instruments? _____

Do you like to sing? _____

Cont.>

PHYSICAL RECORD

Do you have any health conditions that would interfere with your ability to fulfill the requirements of employment? Ex. A) lift a 40lb child to evacuate B) See and hear with or without reasonable accommodations to supervise children safely? Yes No

REFERENCES:

Please list 3 references (NOT including relatives or former supervisors) that have knowledge of your ability to work with children:

1.	Name	Telephone		
	Address	City	State	Zip
<hr/>				
2.	Name	Telephone		
	Address	City	State	Zip
<hr/>				
3.	Name	Telephone		
	Address	City	State	Zip
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I agree the following statement does NOT apply to me.

Within the preceding 10 years, I have not (am not):

1) Been identified through circuit court (juvenile, criminal, civil) proceeding as having been a perpetrator of child abuse, child neglect, or child sexual abuse or through the Department's investigatory process in accordance with the Abused and Neglected Child Reporting Act (Ill Rev. Stat. 1981, ch. 23, pars 2051 et seq) as having been a perpetrator of an indicated incident of child abuse, child neglect, or child sexual abuse; or

2) Awaiting an investigative decision or trial on such charges.

Applicant's Signature

Cont.>

