

Confidential Employee Application



Name: _____ Date: _____

Position Applying For:

- Director/Assistant Director Teacher's Assistant Substitute/Floater
 Lead Teacher Teacher

Important:

Please complete this information in its entirety even if you have attached a resume. We ask that every applicant complete the entire application and answer all questions. Submit the completed application by email to director@parksideclc.com or print and send to Jen Vachon, 107 Maine Ave., Bangor, ME 04401.

BJMR Ventures Inc. (DBA Parkside Children's Learning Center) is an Equal Opportunity Employer. Parkside does not discriminate on the basis of: age, race, color, religion, gender, veteran status, sexual orientation or disability.

PERSONAL INFORMATION

Full Name	Maiden Name or Other Name you may have been known as
Phone Number(s) you can be reached at	Social Security Number
Mailing Address	

What is the salary or hourly wage you seek currently? _____
How did you hear about Parkside? _____ (if employee, please name the person)
When would you be available to begin work at Parkside? _____
What is the schedule you are available to work? _____
Have you ever been convicted of a crime? Yes No If yes, what was the nature of the offense?

List three words that describe you as a professional: _____

EXPERIENCE

Are you familiar with NAEYC accreditation or its process? Yes No
How? _____
List at least three reasons why you want to work at the highest quality child care center in the Greater Bangor area:

Tell us at least two forms of discipline you use with children:

EDUCATION

Do you have an Early Childhood Education, Elementary Education, or other college degree? Yes No
If yes, what is your degree and when did you graduate? _____
If no, have you completed any course work that might be applicable? Yes No Please list:

WORK HISTORY

Below please tell us about your last three employers, even if they were families that you babysat for.

#1 - Company or Individual Name		Phone Number	
Address			
Supervisor's Name		Is she or he still there? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position		How long?	Dates of Employment
Reason for Leaving		Starting Pay	Ending Pay
Briefly describe duties / age groups / etc.			

#2 - Company or Individual Name		Phone Number	
Address			
Supervisor's Name		Is she or he still there? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position		How long?	Dates of Employment
Reason for Leaving		Starting Pay	Ending Pay
Briefly describe duties / age groups / etc.			

#3 - Company or Individual Name		Phone Number	
Address			
Supervisor's Name		Is she or he still there? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position		How long?	Dates of Employment
Reason for Leaving		Starting Pay	Ending Pay
Briefly describe duties / age groups / etc.			

May we call the supervisors listed above? Yes No

If no, which one(s)? _____

Why? _____

Please list any other references we may call on your behalf below. Please prepare these people that Parkside will be calling if their names and phone numbers are listed:

By sending this document via the Internet to Parkside Children's Learning Center, I certify that the foregoing and any other information I have provided is accurate and complete to the best of my knowledge. I understand that if I do not provide accurate information, Parkside may reject my application or discharge me from employment at any time no matter when we learn about the inaccurate information. Understand that by sending this application and choosing "yes" that former employers may be contacted; we will likely call those employers. My application submission acknowledges my understanding that I accept these conditions of employment.