

Rollins

Child Development Center

Employment Application

Please complete all questions. Include any supplemental information, which you feel would be helpful in the consideration of your qualifications. Do not supply any information, which may be contrary to the laws of the city or state. Rollins Child Development Center offers equal employment opportunities to all persons without regard to race, color, religion, age, sex national origin, disability, or any other legally protected status.

Date _____ Date Available _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email Address _____

I verify that I meet the age requirement for the position I am applying for as outlined in the Bright from the Start regulation 591-1-1-.31: ____ Yes ____ No I am at least 18 years of age ____ Yes ____ No

How did you learn of this position? ____ Ad ____ Relative ____ Employee ____ Walk-In ____ Other

If referred by employee, please give name and location _____

Name and relationship of any relatives employed by Rollins Child Development Center or any of its divisions

Show location and date of any prior application to the Rollins Child Development Center

If you have ever been employed by the Rollins Child Development Center, give dates and locations

PERSONAL INFORMATION

Circle highest year completed: High School 1 2 3 4 College 1 2 3 4 5 6
Name/location of high school _____

College, Trade or Business School	Major	Years Attended	Grade Average	Degree
Name: Location:				
College, Trade or Business School	Major	Years Attended	Grade Average	Degree
Name: Location:				
College, Trade or Business School	Major	Years Attended	Grade Average	Degree
Name: Location:				

IN CASE OF EMERGENCY

Give name and address of person to notify in case emergency.

Name _____

Relationship _____

Address _____

Phone _____

EDUCATION

PROFICIENCIES

Indicate Experience and Skills in any of the following (as applicable to the position which you are applying).

Word Processing (State type of software) _____

Computer Equipment (State type of hardware) _____

Other Skills _____

Special Study Courses (Correspondence, seminars, military service school, etc. _____

Use space below to provide additional information you wish considered regarding knowledge, skills, abilities, special aptitudes, organizations, volunteer and military experience, occupational or professional licenses, registrations, permits, patents, and/or other items that relate to the position you seek.

EMPLOYMENT BACKGROUND

List employment for the last ten years starting with your present or most recent position. Account for all periods of unemployment. Attach additional sheets if necessary.

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCE? _____ YES _____ NO

EMPLOYER (NAME OF COMPANY):	EMPLOYED:	BASE SALARY:
	FROM: TO:	FROM: TO:
ADDRESS (STREET AND CITY)		
YOUR TITLE:	YOUR RESPONSIBILITIES:	
NAME AND TITLE OF SUPERVISOR:		PHONE:
REASON FOR LEAVING:		
EMPLOYER (NAME OF COMPANY):	EMPLOYED:	BASE SALARY:
	FROM: TO:	FROM: TO:
ADDRESS (STREET AND CITY)		
YOUR TITLE:	YOUR RESPONSIBILITIES:	
NAME AND TITLE OF SUPERVISOR:		PHONE:
REASON FOR LEAVING:		
EMPLOYER (NAME OF COMPANY):	EMPLOYED:	BASE SALARY:
	FROM: TO:	FROM: TO:
ADDRESS (STREET AND CITY)		
YOUR TITLE:	YOUR RESPONSIBILITIES:	
NAME AND TITLE OF SUPERVISOR:		PHONE:
REASON FOR LEAVING:		
EMPLOYER (NAME OF COMPANY):	EMPLOYED:	BASE SALARY:
	FROM: TO:	FROM: TO:
ADDRESS (STREET AND CITY)		
YOUR TITLE:	YOUR RESPONSIBILITIES:	
NAME AND TITLE OF SUPERVISOR:		PHONE:
REASON FOR LEAVING:		

	EMPLOYER (NAME OF COMPANY):	EMPLOYED: FROM: TO:		BASE SALARY: FROM: TO:		
	ADDRESS (STREET AND CITY)					
	YOUR TITLE:		YOUR RESPONSIBILITIES:			
	NAME AND TITLE OF SUPERVISOR:				PHONE:	
	REASON FOR LEAVING:					
PROFESSIONAL REFERENCES	LIST INDIVIDUALS WHO CAN ATTEST TO YOUR PROFESSIONAL ABILITIES/WORK ACCOMPLISHMENTS, and CHARACTER. DO NOT LIST RELATIVES OR SUPERVISORS LISTED ABOVE.					
		<u>NAME</u>	<u>COMPANY</u>	<u>POSITION</u>	<u>BUSINESS PHONE</u>	
	1.					
	2.					
	3.					
4.						
ADDITIONAL INFORMATION	What is your minimum salary requirement at this time?					
	Which of the positions you have held did you find most satisfying and why?					
	Describe your working style.					
	What is your interpretation of success?					
	Note your philosophy regarding early childhood education.					
PRE-EMPLOYMENT QUESTIONNAIRE					YES	NO
	Are you in the United States legally, or do you have authorization to work in the United States?				<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been convicted of a crime?				<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been convicted of any felony?				<input type="checkbox"/>	<input type="checkbox"/>
	Are you currently wanted by any law enforcement agency?				<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been fired from a previous job because of theft on your part?				<input type="checkbox"/>	<input type="checkbox"/>
	Are you a current user of illegal drugs?				<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been shown by credible evidence (e.g. a court order or jury, a department investigation or other reliable evidence) to have abused, neglected or deprived a child or adult, or to have subjected any person to serious injury as an intentional or grossly negligent misconduct?				<input type="checkbox"/>	<input type="checkbox"/>
	Have you had first aid training in the past 3 years?				<input type="checkbox"/>	<input type="checkbox"/>
Have you had CPR Training within the past two years?				<input type="checkbox"/>	<input type="checkbox"/>	

READ CAREFULLY AND SIGN

In order to protect our children, employees and organization, the Rollins Child Development Center must be diligent in the selection of new company employees. Our applicant screening process reflects this diligence. I understand that prior to being offered employment with the Rollins Child Development Center, I may be asked to submit to some or all of the following screening steps, depending on the position for which I have applied: motor vehicle record check, former employer check, record check, personal reference check, and/or other pre-employment screening testing as appropriate. In the event I have a disability which will affect my ability to take a test, I will so inform the Rollins Child Development Center prior to the administration of the test so that a reasonable accommodation can be made. The Rollins Child Development Center reserves the right to require documentation concerning the need for accommodation. I further understand that if an offer of employment is made to me, it is conditioned upon my successful completion of a drug test. Should I receive an offer of employment, I do hereby give my consent to the Rollins Child Development Center, its doctors, employees or agents, together with any clinic, hospital or laboratory designated by The Rollins Child Development Center, to perform appropriate tests or examinations on me for drugs. I will provide a clear criminal records check as required by regulation 591-1-1-.09 in the Bright from the Start regulations.

We are required by law to advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, and personal characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I certify that the information given by me in this application is true in all respects and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or for discharge from employment. I hereby authorize any former employer, person, firm, school or corporation listed herein, including this company, to answer any and all questions and agree to hold all persons harmless and release them from all liability or damages for giving any such information within their knowledge or records.

I have been advised that it is Rollins Child Development Center practice and policy to continually evaluate, and change if necessary, its employees' work schedules, sometimes with short notice, due to daily fluctuations in class attendance and other staffing needs. Such changes may result in an increase or decrease in the number of hours indicated on an employee's written schedule for a given week. I understand that the Rollins Child Development Center, requires the cooperation and flexibility of its employees with regard to work hours and scheduling, and that such understanding and cooperation is an essential and necessary component of each employee's continued employment.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Rollins Child Development Center or myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise is binding upon the Rollins Child Development Center unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Rollins Child Development Center retains the same right. Employment is at-will.

I have received a copy of the job description for the position that I am applying and understand the duties and responsibilities required of me. I am able to adequately perform the duties and all aspects of the duties as described.

I understand that if I am employed, policies and procedures which are issued are not condition of employment and that the Rollins Child Development Center may revise the policies or procedures in whole or part at any time.

I understand that this application will be kept on active file for thirty (30) days from the date completed, after which time I would have to reapply if I wish to be considered for any position after that date.

Signature of Applicant _____ Date _____

CERTIFICATION