

APPLICATION FOR EMPLOYMENT



Child Care Professionals

Name _____
Last First Middle(Maiden)

Locality _____
(Area of town in which the applicant resides)

Telephone _____ Cell Phone _____

Email address _____

Referral Source _____

Instructions: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. PLEASE PRINT, except for signature on back of application. *Copies of the application will be furnished to prospective families.*

Are you seeking employment, which is: **Full time** _____ **Part Time** _____ **Occasional/Temporary** _____

_____ I am willing to make a minimum 1 yr. commitment **OR** Dates Avail./ From _____ to _____
(month/year) (month/year)

_____ Live in _____ Live out _____ Either _____

Days:		Time Frame	Days:		Time Frame	Available Overnight
Monday	_____	to _____	Monday	_____	_____	_____
Tuesday	_____	to _____	Tuesday	_____	_____	_____
Wed.	_____	to _____	Wed	_____	_____	_____
Thurs.	_____	to _____	Thurs.	_____	_____	_____
Friday	_____	to _____	Friday	_____	_____	_____
Sat.	_____	to _____	Sat.	_____	_____	_____

Are you willing to work in a home where parent(s) work from a home office? Yes _____ No _____

When are you available for employment? _____ Are you available for On Call/Backup Care? Yes _____ No _____
(date)

Personal Data

Are you 18 years or older with child care experience and/ or training? Yes _____ No _____

Do you own a car? Yes _____ No _____

Provide name of state license issued: _____

Do you have auto insurance? Yes _____ No _____

Personal History

Why are you seeking employment as a child care professional? _____

What are your qualifications in caring for children? _____

Do you have expertise in the following areas: Tutoring, Special Education, Foreign Language, Cooking, the Arts, Other. Briefly describe: _____

What special interests or leisure activities do you enjoy? _____

Have you been convicted of a felony or misdemeanor (excluding minor traffic violations)? Yes _____ No _____ If yes, describe _____

Health

Are there any physical or mental limitations that would prohibit you from performing the duties of a child care provider? Yes _____ No _____

If yes, briefly describe: _____

Are you willing to have physical examination prior to providing child care, if requested/paid by parents? Yes _____ No _____

Are you a smoker? Yes _____ No _____ Have you taken CPR course work? Yes _____ Date _____ If no, will you? Yes _____ No _____

Do you have allergies to pets or anything else? Yes _____ No _____ Describe: _____

The following information will be used for your personnel record in the Offices of CCP.

Name _____ Social Security No. _____
Last First Middle
Address _____ City _____ State _____ Zip Code _____
Telephone _____ Cell Phone _____ Email _____

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including any periods of unemployment. PLEASE GIVE MONTH AND YEAR. If self-employed, give firm name and supply business references.

Present Employer or Last Employer _____ Dates: From _____ To _____
Job Title _____
City _____ State _____ Zip Code _____ Duties _____
Supervisor _____ Title _____
Telephone No. _____ Fax _____ Reason for Leaving _____
Employer _____ Dates: From _____ To _____
Job Title: _____
City _____ State _____ Zip Code _____ Duties _____
Supervisor _____ Title _____
Telephone No. _____ Fax _____ Reason for Leaving _____
Employer _____ Dates: From _____ To _____
Job Title: _____
City _____ State _____ Zip Code _____ Duties _____
Supervisor _____ Title _____
Telephone No. _____ Fax _____ Reason for leaving _____

Reference Checking

Were you employed under a name (nick name, last name, etc.) other than the one listed on the application? Yes ___ No ___ If yes, give name and explain _____

Are you presently employed? Yes ___ No ___ If yes, may we contact your employer? Yes ___ No ___ Yes, only after notice is given ___

Do you grant prospective families and Child Care Professionals, Inc. permission to contact all references listed on this application?

Yes ___ No ___

Give three references, not relatives or former employers but people who know your character and /or about your child care experience.

<u>Name</u>	<u>Work/Home Phone No's</u>	<u>Child Care Ref.</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

	<u>Name</u>	<u>City/State</u>	<u>Highest Level</u>	<u>Dates</u>
High School	_____	_____	_____	_____ - _____
College	_____	_____	_____	_____ - _____
Other	_____	_____	_____	_____ - _____

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Child Care Professionals, Inc. shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this questionnaire. I also release the companies, schools, police bureaus, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment from disclosure to the company any knowledge or information thereby acquired. I give my permission to submit to a full police and motor vehicle screening. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

Signature _____ Date _____

Fax to (513) 272-1714 or Email to: thoffman4@cinci.rr.com or Mail to: Child Care Professionals, Inc., 3524 Edwards Road, Cincinnati, Ohio 45208

CCPI Phone: (513) 561-4810