

SKANEATELES EARLY CHILDHOOD CENTER

1574 Cherry Valley Turnpike
Skaneateles, New York 13152
(315) 685-8248
FAX 685-0564

EMPLOYMENT APPLICATION

Telecommunication Device for the Deaf NYS Relay number 1-800-662-1220

Please print or type all information:

Today's Date: _____

PERSONAL DATA

NAME _____ PHONE _____

EMAIL ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

In case of emergency, notify _____

Relationship _____ Phone _____

To what organizations do you belong? (Fraternal, Social, Education, Professional):

What prompted your application? _____

When could you report to work? _____

Position applied for _____

Available for part-time employment? _____

If teacher applicant, are available to substitute? _____

EDUCATION AND TRAINING

College _____ Year of Graduation _____

Degree Awarded (Major & Minor) _____

High School _____ Year of Graduation or G.E.D. _____

Additional Education or Certification (please specify) _____

Are you planning to further your education? Y _____ N _____

Explain _____

EMPLOYMENT HISTORY

Indicate Last Three Employers:

Place of Employment _____ Phone _____
Address _____
Dates of employment – From: _____ To: _____
Position/Duties _____ Salary _____
Supervisor’s Name _____
Reason for Leaving _____

.....

Place of Employment _____ Phone _____
Address _____
Dates of Employment – From: _____ To: _____
Position/Duties _____ Salary _____
Supervisor’s Name _____
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.....

Place of Employment _____ Phone _____
Address _____
Dates of employment: - From: _____ To: _____
Position/Duties _____ Salary _____
Supervisor’s Name _____
Reason for Leaving _____

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PHYSICAL REQUIREMENTS

Teachers, Assistants and Aides must be able to:

- *Lift children, cots and program props (to 40 lb.).
- *Spend time out-of-doors with children year round.
- *Work and play actively with children in such areas as: music & movement, gross motor skills, outdoor games.
- *Respond quickly during an emergency situation involving the safety and security of children. This might include running, jumping, reaching, pulling, and carrying children to safety.

Are there any physical limitations or restrictions that would interfere with the applicant’s ability to perform the requirements listed above? Yes _____ No _____ If yes, please describe _____

Are there mental or emotional issues that would limit the applicant’s ability to work with young children? Yes _____ No _____ If yes, please explain _____

Date of last physical exam _____ Physician’s Name _____

What qualifies you for this position? _____

ATTESTATIONS

I authorize the prospective employer to inquire as to my record or any or all persons of my former employers. In the event of my employment with Skaneateles Early Childhood Center, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two weeks prior to the date effective.

It is my understanding that the first three months of my employment are probationary, and if my services have not proved satisfactory, my employment may be discontinued without prejudice.

CERTIFICATION

I certify that to the best of my knowledge and belief I have not been convicted of a crime in New York State or any jurisdiction. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the said conviction may constitute ground for the denial or revocation of this center’s permit to provide day care.

Applicant’s signature Date

-----Space Below for Office Use Only -----

Date of Interview _____ Notes _____

Reference Checks:

- 1) _____
- 2) _____
- 3) _____

Date to start employment _____ Position Title _____

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director; Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue., SW, Washington, D.C. 20250-9410

REFERENCES

SKANEATELES EARLY CHILDHOOD CENTER

INSTRUCTIONS:

- Please provide complete information for three people we can contact as references
- Relatives may **NOT** be used as references
- If you have been employed outside the home, please include an employer as one of your references
- Please **PRINT** clearly

PROGRAM NAME:	FACILITY ID NUMBER:
NAME:	

<u>TYPE OF PROGRAM</u>	Family Day Care, Group Family Day Care and Small Day Care Centers	Day Care Center and School-Age Child Care
ROLE IN PROGRAM	<input type="checkbox"/> Provider <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute	<input type="checkbox"/> Director <input type="checkbox"/> Teacher <input type="checkbox"/> Volunteer

REFERENCE #1

Please check appropriate reference type: Personal Employment

MR. MRS. MS. NAME (Last, First, MI):

BUSINESS NAME: _____ APT: _____ FLOOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ E-MAIL: _____
 ()

REFERENCE #2

Please check appropriate reference type: Personal Employment

MR. MRS. MS. NAME (Last, First, MI):

BUSINESS NAME: _____ APT: _____ FLOOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ E-MAIL: _____
 ()

REFERENCE #3

Please check appropriate reference type: Personal Employment

MR. MRS. MS. NAME (Last, First, MI):

BUSINESS NAME: _____ APT: _____ FLOOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ E-MAIL: _____
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