



# Employment Application

Please read these instructions carefully.

- To be considered an applicant to Skaneateles Early Childhood Center, you must complete all parts of this application and sign the Applicant Statement. Incomplete applications will not be considered. Please use additional sheets of paper if necessary to provide all the requested information. You may attach a resume; however, this application must still be completed.
- If you need help filling out this application, or for any phase of the employment process, please let us know, and every reasonable effort will be made to accommodate your needs.

*All qualified applicants will receive consideration without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other basis upon which discrimination is prohibited by municipal, state, or federal law.*

|   |             |  |                |
|---|-------------|--|----------------|
|   |             |  |                |
| Last Name   | First Name  | Middle Name  | Primary Phone  |
| Work Phone  | Other Phone | Email  |                |
| Current Address - Street/Apt #  |             | City   | State Zip Code |
| If hired can you prove that you are eligible for employment in the United States?<br><input type="checkbox"/> No <input type="checkbox"/> Yes   |             | Are you over the age of 18 years? (If no you may be required to provide authorization to work.)<br><input type="checkbox"/> No <input type="checkbox"/> Yes  |                |
| Position desired:   |             | Have you been previously employed by Skaneateles Early Childhood Center?<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, when?                      What position?  |                |
| Please check all that you are available for:<br><input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Holidays<br><input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends   |             | Have you ever applied for employment with us?<br><input type="checkbox"/> No <input type="checkbox"/> Yes                      If yes, month and year:   |                |
| When would you be able to start work?   |             | Minimum acceptable starting wage:    \$ _____ per _____  |                |
| What days/hours are you available to work?<br><br>Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Some positions require employees to called into work when they were not previously scheduled to work.<br>Are you able to be on call? <input type="checkbox"/> Yes <input type="checkbox"/> No |             | What made you apply at Skaneateles Early Childhood Center?<br><input type="checkbox"/> Employment Ad <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee<br><input type="checkbox"/> Employment Agency <input type="checkbox"/> School or College <input type="checkbox"/> Walk-in/self<br><input type="checkbox"/> Other: _____<br><br>If referred by person, list name: _____ |                |
| Please describe any military service you have had, including dates:   |             |  |                |

## Employment History

Begin with your most current or recent position. Although a resume may be attached, you must complete this section. **If you have had additional employers, please attach another sheet of paper containing the same information as asked for below.**

|                     |  |                                      |                         |   |                               |
|---------------------|--|--------------------------------------|-------------------------|---|-------------------------------|
| 1. Name of Employer |  | Location (Address, City, State, Zip) |                         | Phone   |                               |
| Date Started        | Starting Wage<br>\$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year       |                                      | Starting Position Title |   | Ending/Current Position Title |
| Date Left           | Ending/Current Wage<br>\$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year |                                      | Supervisor Name & Title |   | Reason for Leaving            |
| Responsibilities:   |  |                                      |                         | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, explain: |                               |

|                     |  |                                      |                         |   |                               |
|---------------------|--|--------------------------------------|-------------------------|---|-------------------------------|
| 2. Name of Employer |  | Location (Address, City, State, Zip) |                         | Phone   |                               |
| Date Started        | Starting Wage<br>\$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year       |                                      | Starting Position Title |   | Ending/Current Position Title |
| Date Left           | Ending/Current Wage<br>\$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year |                                      | Supervisor Name & Title |   | Reason for Leaving            |
| Responsibilities:   |  |                                      |                         | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, explain: |                               |

|                     |  |                                      |                         |   |                               |
|---------------------|--|--------------------------------------|-------------------------|---|-------------------------------|
| 3. Name of Employer |  | Location (Address, City, State, Zip) |                         | Phone   |                               |
| Date Started        | Starting Wage<br>\$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year       |                                      | Starting Position Title |   | Ending/Current Position Title |
| Date Left           | Ending/Current Wage<br>\$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year |                                      | Supervisor Name & Title |   | Reason for Leaving            |
| Responsibilities:   |  |                                      |                         | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, explain: |                               |

|                     |  |                                      |                         |   |                               |
|---------------------|--|--------------------------------------|-------------------------|---|-------------------------------|
| 4. Name of Employer |  | Location (Address, City, State, Zip) |                         | Phone   |                               |
| Date Started        | Starting Wage<br>\$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year       |                                      | Starting Position Title |   | Ending/Current Position Title |
| Date Left           | Ending/Current Wage<br>\$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year |                                      | Supervisor Name & Title |   | Reason for Leaving            |
| Responsibilities:   |  |                                      |                         | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, explain: |                               |

|                     |  |                                      |                         |   |                               |
|---------------------|--|--------------------------------------|-------------------------|---|-------------------------------|
| 5. Name of Employer |  | Location (Address, City, State, Zip) |                         | Phone   |                               |
| Date Started        | Starting Wage<br>\$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year       |                                      | Starting Position Title |   | Ending/Current Position Title |
| Date Left           | Ending/Current Wage<br>\$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year |                                      | Supervisor Name & Title |   | Reason for Leaving            |
| Responsibilities:   |  |                                      |                         | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, explain: |                               |

## Other History

Have you ever had any employment that is not listed on the previous page?  No  Yes If yes, please explain.

Have you ever been fired from a position or otherwise asked to resign?  No  Yes If yes, please explain:

## Education

|                          | School Name & Location | Degree Earned  | Course of Study |
|--------------------------|------------------------|--|-----------------|
| High School              |                        | <input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED            |                 |
| Business/Trade/Technical |                        | <input type="checkbox"/> None <input type="checkbox"/> List:   |                 |
| College                  |                        | <input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor     |                 |
| Graduate Studies         |                        | <input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Other (explain) |                 |

## Training

Please describe any training you have had that would be relevant to the job for which you are applying:

## Special Skills

Please list any skills or accreditations you possess that are not reflected elsewhere in this application:

## Job Requirements

Our Teachers, Assistants, and Aides must be able to do the following a majority of the day:

- Lift children, cots, and program props unaided up to 40 pounds
- Spend time outdoors with children year-round, which means exposure to hot and cold temperatures, and the environment
- Interact physically with children and their activities including moving to music; gross motor skills; outdoor games, etc.
- 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 you able to meet the above job requirements?  No  Yes

## Additional Information

Please tell us anything else that may help us with our hiring decision:

## Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentional withholding of essential information called for in this form may result in my immediate dismissal.

I understand that the filling of this application with Skaneateles Early Childhood Center is a preliminary step to employment. It does not obligate the Center to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent upon receiving satisfactory background and reference checks as authorized by this statement and any other documents I may need to sign, including meeting the requirements of OCFS. I understand that if I receive a contingent offer of employment and I accept the position, I may be required to complete additional paperwork as necessary for record keeping requirements.

I agree to abide by all Skaneateles Early Childhood Center policies and procedures as outlined within Skaneateles Early Childhood Center policies, memos, and other documents.

I authorize Skaneateles Early Childhood Center to check all references from current and previous employers and other references that may be relevant to my employment or my ability to perform the job for which I have applied. I authorize Skaneateles Early Childhood Center and/or its agents to verify any of the information furnished in this application and other background information deemed appropriate by the Center.

By signing this application, I authorize all persons, schools, and companies and law enforcement authorities and agencies to release any information concerning my background that may be relevant to evaluation of this employment application and I hereby release any such persons, schools, companies, and law enforcement authorities and agencies from any liability for damages whatsoever for issuing this information to the Center or its agents. Skaneateles Early Childhood Center will keep all such information confidential except where such information is required to be released by law, order of a court or other authority, or by any contractual agreement.

I understand and hereby acknowledge that any employment relationship with Skaneateles Early Childhood Center is at will, which means that, if I am hired, my employment with the Center is not for a fixed period of time and that I may resign at any time and Skaneateles Early Childhood Center may terminate my employment and compensation at any time. I further agree that this at will employment relationship may not be changed by any written document or by conduct of any Skaneateles Early Childhood Center employee or official.

|  |  |
|--|--|
|  |  |
|--|--|

Applicant Signature

Date

*Thank you for completing an application for employment with Skaneateles Early Childhood Center.  
We appreciate your interest in working with us!*

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**REFERENCES**  
CHILD DAY CARE PROGRAM

**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:<br>Skaneateles Early Childhood Center | FACILITY ID NUMBER:<br>00043980DCC |
| NAME:   |                                    |

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

**REFERENCE #1**

Please check appropriate reference type:  Personal  Employment

NAME (Last, First, MI):

MR.  MRS.  MS.

BUSINESS NAME: \_\_\_\_\_ APT: \_\_\_\_\_ FLOOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
(     )

Does reference speak English?  Yes  No If NO, please specify language spoken: \_\_\_\_\_

**REFERENCE #2**

Please check appropriate reference type:  Personal  Employment

NAME (Last, First, MI):

MR.  MRS.  MS.

BUSINESS NAME: \_\_\_\_\_ APT: \_\_\_\_\_ FLOOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
(     )

Does reference speak English?  Yes  No If NO, please specify language spoken: \_\_\_\_\_

**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: \_\_\_\_\_  
(     )

Does reference speak English?  Yes  No If NO, please specify language spoken: \_\_\_\_\_